

Personal Lines New Business Quote Sheet

PERSONAL LINES SALES QUESTIONS	
Client Name:	
Agent Name:	Date:
How did you hear about us:	
If Referral Who Referred:	If Other:
Why are you shopping today: Price Service Life Change Other	
If price, other than price what is important to you in selecting an agent?	
Introduce yourself to the prospect with your personal pitch	Explain why this agency and what an independent agent is

What policies are you looking for today?

Home Second Home Renters Condo Boat Umbrella Flood
 Auto Life Rental Home/2nd Home ATV Snowmobile Inland Marine

Other than the policy you are looking for, do you have any other policies with other agencies?

Yes What? _____
 No

Would you like me to work to find you all the discounts you qualify for?

Yes If no, why? _____
 No

When and how will you be finalizing your insurance decision?

What were you paying for insurance?

What did your renewal come in at?

Sales Tips

Used Client Name Worked to quote 3+ lines of coverage Quoted Over the Phone
 Discussed other decision makers Quoted 2-3 options for the client
 Set Time With Client to Deliver Options: Date: _____ Time: _____

Quote Information Sheet

Name				Name							
Phone #				Phone #							
Email				Email							
DOB				DOB							
SSN				SSN							
DL#		DL State		DL #		DL State					
Occupation				Occupation							
Marital Status				Previous Address							
Mailing Address											
Risk Address											
Home Information											
HO3		HO4		HO5		HO6		Frame	Brick	Log	Masonry Veneer
Year Built		#of Stories			Garage Attached or detached			# of Stalls			
Fire Hydrant in the area?		Within 1000 ft?		Over 1000 ft away?		Protection Class?		Miles from Fire Department:			
SQFT Above		SQFT Below			Foundation Type			Basement Finish			
# of Bathrooms		Siding Type			Walkout, Daylight or Below Grade			Sump Pump? Battery Backup?			
Alarm/Additional Credits for the Home:											
Roof Type			Roof Year			Pool? Slide? Diving Board? Locking Gate?					
Heat Source			Furnace year			Trampoline - netted? Fenced?					
Wood Stove?			Electric Year			Any Pets - type and #					
CB or Fuses			# of Amps			Dog Breed			Bite History?		
Fireplace - Gas or Wood #			Acreage			Other Animals?					
Current Insurance Carrier						Policy # & Effective Date					
Mortgage?			Escrow Billed?			Close/purchase date			Purchase Price		
<input type="checkbox"/> Paid In Full <input type="checkbox"/> Semi Annual <input type="checkbox"/> Monthly						Claims in the past 5 years?					
Non-renewed or Cancelled in the past 5 years?						Umbrella?					

Quote Information Sheet

Opportunity for cross-sell: Life & Health	Misc:
Entity Type on Second Home: Individual LLC Trust	Contents Amount:
Any other properties/land owner? If so, is it vacant or have structures?	

Auto Information

Additional Drivers

Name	DOB	Relationship	Driver's license number

Any drivers qualify for the Good Student Discount or @ school 100+ miles away without a car?

Vehicles

Year	Make	Model	VIN	Lienholder
1				
2				
3				
4				

Vehicle #	Usage	Miles to work 1 way	Miles/year if pleasure use	Primary Driver
1				
2				
3				
4				

Coverage

Bodily Injury	Property Damage	Medical Payments		UM/UIM
Comprehensive	Collision	Towing	Full Glass	Rental
1				
2				
3				
4				

Quote Information Sheet

Current Insurance Carrier:	Policy Effective Dates:
<input type="checkbox"/> Paid In Full <input type="checkbox"/> Semi Annual <input type="checkbox"/> Monthly	Current Premium:
Any violations or accidents in the last 5 years?	
Any vehicles used for delivery or to transport people? (uber/lyft)	