

Personal Lines Insurance Review Form

CONTACT INFORMATION	
Full Name:	
Work #:	
Cell #:	
Home #:	
Fax #:	
Email Address:	

HOME INFORMATION								
Address of Dwelling			Home Exterior		Foundation Type		Roof Type	
Street:			<input type="checkbox"/> Stucco	<input type="checkbox"/> Slab	<input type="checkbox"/> Composition	<input type="checkbox"/> Tile		
City:			<input type="checkbox"/> Wood	<input type="checkbox"/> Basement	<input type="checkbox"/> Wood Shake	<input type="checkbox"/> Wood Shingle		
State:			<input type="checkbox"/> Brick	<input type="checkbox"/> Crawlspace	<input type="checkbox"/> Tar & Gravel	<input type="checkbox"/> Other		
Zip:			<input type="checkbox"/> Other	<input type="checkbox"/> Other	Year Replaced:			
Construction Information				Last Updated / Remodeled				
Year Built:		Stories (incl. basement):		Wiring Type:	Heating Type:	Plumbing		
Living Sq Ft:		Garage: # of cars:		<input type="checkbox"/> Circuit Breakers	<input type="checkbox"/> Central Gas	<input type="checkbox"/> Copper Pipe		
Garage:	<input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Built in			<input type="checkbox"/> Fuses	<input type="checkbox"/> Electric	<input type="checkbox"/> Galvanized		
<input type="checkbox"/> Retrofitted / Bolted to Foundation? If so, Year?:				Year?:	Year?:	Year?:		
Credits / Additional Coverage								
<input type="checkbox"/> Central Fire Alarm		<input type="checkbox"/> Central Burglar Alarm		<input type="checkbox"/> Gated/ Guarded Community		<input type="checkbox"/> Inside Sprinklers		
<input type="checkbox"/> Pool – Fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Home on Slope		<input type="checkbox"/> Gated Home/Entry		<input type="checkbox"/> Seismic Gas Shutoff Valve		
<input type="checkbox"/> Trampoline		<input type="checkbox"/> Business in home		<input type="checkbox"/> Earthquake Coverage		<input type="checkbox"/> Residence Employee(s)		
Dogs?: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes-How Many?:		Breed?:		Wood Burning Stove? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Distance to Fire Station: (in miles)				Distance to Fire Hydrant: (in feet)				

DRIVER & AUTO INFORMATION			
Driver Information	Driver #1	Driver #2	Driver #3
Name:			
Date of Birth:			
Drivers License #:			
Occupation/Company:			
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Marital Status:			
Vehicle Information	Vehicle #1	Vehicle #2	Vehicle #3
Year/ Make/ Model:			
Vehicle ID # / VIN :			
Principle Operator:			
Annual Mileage:			
Usage:	<input type="checkbox"/> Pleasure <input type="checkbox"/> Commute <input type="checkbox"/> Business	<input type="checkbox"/> Pleasure <input type="checkbox"/> Commute <input type="checkbox"/> Business	<input type="checkbox"/> Pleasure <input type="checkbox"/> Commute <input type="checkbox"/> Business
If Commute:	Miles one way	Miles one way	Miles one way

Have you had any accidents or violations in the last 5 years? :	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Lien holder? :	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the vehicle Leased? :	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COLLECTIONS				UMBRELLA / EXCESS LIABILITY (in millions)	
Jewelry \$:		Fine Arts \$:		Wine \$:	
Silverware \$:		Furs \$:		Other \$:	
					<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> Other

ADDITIONAL INFORMATION FOR NEW REAL ESTATE PURCHASES					
Closing Date:		Real Estate Agent		Title Company Contact	
Purchase Price:		Name:		Name:	
Prior Address:		Company:		Company:	
		Phone #:		Phone #:	
		Email:		Email:	

Notes:

Please submit your form by email to Mike Wardenburg at mwardenburg@costelloandsons.com with your Current Declaration Pages*(or Fax to 415-948-2034)

*Declaration pages will show:	
Insurance Carriers	Home(s)
VIN Numbers	Auto(s)
Coverage Limits	Umbrella
Deductibles	Earthquake
Mortgages/Lien holders	Collections