



**FARMERS**

**Susa Insurance Agency**

400 East Horsetooth Road

Fort Collins, Colorado 80525

Ph: 970-223-3918 Fax: 970-472-9556 [jsusa@farmersagent.com](mailto:jsusa@farmersagent.com)

Office Use

Auto: Home: Other:

**Confidential Client Data**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB \_\_\_\_\_

SSN: \_\_\_\_\_ DLN: \_\_\_\_\_ Exp. \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address \_\_\_\_\_

Address: Physical \_\_\_\_\_

Mailing \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Spouse/Other Insured Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ DLN: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation Address \_\_\_\_\_

Children(s) Name & Others Household Members	Date of Birth	Driver	Years Experience
_____	_____	Yes O	_____
_____	_____	Yes O	_____
_____	_____	Yes O	_____
_____	_____	Yes O	_____

**Household Insurance Inventory:** *Current Insurance & Financial Products You Now Have*

	Yes	No		Yes	No
Auto	___	___	Health	___	___
Home/Renters	___	___	Disability	___	___
Rental Property	___	___	IRA	___	___
Umbrella	___	___	401K/SEP/Simple	___	___
Boat	___	___	College Savings Plan	___	___
Motorcycle/ATV	___	___	Will	___	___
Snowmobile	___	___	Business	___	___
Life Insurance ( <i>you</i> )	___	___	Total Coverage Amount \$	_____	
Life Insurance ( <i>spouse</i> )	___	___	Total Coverage Amount \$	_____	



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**Vehicle Insurance Data**

*Vehicle #1*

*Vehicle #2*

*Vehicle #3*

Year	_____	_____	_____
Make	_____	_____	_____
Model	_____	_____	_____
Vehicle ID# (VIN)	_____	_____	_____
ABS-4w/# Airbags	_____	_____	_____
Liability- BI/PD/UM	_____	_____	_____
Medical Payments	_____	_____	_____
Deductible Comp/Collision	_____	_____	_____
Tow	_____	_____	_____
Rental	_____	_____	_____
Glass	_____	_____	_____
Current/Prior Carrier/Years	_____	_____	_____
Lien holder (Y/N)	_____	_____	_____
Tickets	_____	_____	_____
Accidents	_____	_____	_____
Claims	_____	_____	_____

## Property Insurance Data:

Address: \_\_\_\_\_

Lender/Appraisal Contact: \_\_\_\_\_

Insurance: \_\_\_\_\_ Closing/Renewal Date: \_\_\_\_\_

Liability Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

Specific Deductibles: \_\_\_\_\_ Jewelry/Furs \_\_\_\_\_ Computer \_\_\_\_\_ Guns \_\_\_\_\_ Silver  
Coverages: \_\_\_\_\_ ID Fraud \_\_\_\_\_ Earthquake \_\_\_\_\_ Floater \_\_\_\_\_ Building Ordinance  
Property Coverage: \_\_\_\_\_ Building \_\_\_\_\_ Out Buildings \_\_\_\_\_ Personal Property

**Owner Occupied:** \_\_\_\_\_ Primary Residence  
\_\_\_\_\_ Secondary Residence

**Leased Property:** \_\_\_\_\_ Renters  
\_\_\_\_\_ Landlord  
\_\_\_\_\_ # of units

Dwelling Type \_\_\_\_\_ Single Family \_\_\_\_\_ Duplex \_\_\_\_\_ Townhouse \_\_\_\_\_ Condo  
Construction Type \_\_\_\_\_ Wood Frame \_\_\_\_\_ Modular \_\_\_\_\_ Mobile \_\_\_\_\_  
Roof Type/Age \_\_\_\_\_ Asphalt Shingle \_\_\_\_\_ Metal \_\_\_\_\_ Wood \_\_\_\_\_

Year Built \_\_\_\_\_ Monitored Alarm Yes  No   
Purchase Price \_\_\_\_\_ Fire Sprinklers Yes  No   
Units \_\_\_\_\_ Deadbolts Yes  No   
Square Footage \_\_\_\_\_ Smoke Detectors Yes  No   
Home-Based Business \_\_\_\_\_ Fire Extinguishers Yes  No

### Reconstruction Cost

Interior Walls (%) \_\_\_\_\_ Paint \_\_\_\_\_ Wood \_\_\_\_\_ Stone \_\_\_\_\_ Tile \_\_\_\_\_ Wallpaper  
Floor Coverings (%) \_\_\_\_\_ Carpet \_\_\_\_\_ Wood \_\_\_\_\_ Stone \_\_\_\_\_ Tile \_\_\_\_\_  
Kitchen Notes \_\_\_\_\_  
Fireplace \_\_\_\_\_  
Bathrooms \_\_\_\_\_ # \_\_\_\_\_ Grade Notes: \_\_\_\_\_  
Sky Lights \_\_\_\_\_ # \_\_\_\_\_  
Air Conditioning \_\_\_\_\_ Central Air \_\_\_\_\_ Evaporative Cooler  
Heating \_\_\_\_\_ Forced Air \_\_\_\_\_ Electric \_\_\_\_\_ Hot Water \_\_\_\_\_ In Floor  
Wood Deck \_\_\_\_\_ Front \_\_\_\_\_ Back  
Exterior Walls (%) \_\_\_\_\_ Stucco \_\_\_\_\_ Stone \_\_\_\_\_ Wood \_\_\_\_\_  
Basement \_\_\_\_\_ % of Ground Floor \_\_\_\_\_ % Finished \_\_\_\_\_ Interior Access \_\_\_\_\_ Walkout

### Credits

Non-Smoker Yes  No  Interior Inspection Yes  No   
Auto/Home Yes  No  Central Burglar/Fire Yes  No   
Home/Life Yes  No  Local Burglar Yes  No   
Home Security Yes  No  Local Fire Yes  No   
Interior Sprinkler Yes  No  Year Renovated \_\_\_\_\_  
New Household Yes  No  Other \_\_\_\_\_  
New Family Yes  No