

RAMSTATE INSURANCE

EZLynx Home & Auto Insurance Quote Questionnaire

Please complete as much information as possible. If you are unsure about an answer, leave it blank.

1. PRIMARY APPLICANT

Full Legal Name	_____
Date of Birth	_____ Gender: ☐ Male ☐ Female
Marital Status	☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Other
Phone	_____ Email: _____
Current Address	_____
City / State / ZIP	_____
Time at Address	_____ Previous Address (if <3 years): _____
Occupation / Employer	_____
Education	☐ High School ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate/Professional

2. CO-APPLICANT / SPOUSE

Full Legal Name	_____
Date of Birth	_____ Relationship: _____
Phone / Email	_____
Occupation / Employer	_____
Education	☐ High School ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate/Professional

3. CURRENT INSURANCE

Current Home Carrier	_____
Current Auto Carrier	_____
Continuous Insurance	_____ years
Home Premium	\$_____ / year
Auto Premium	\$_____ ☐ Monthly ☐ 6 Months ☐ Annual
Renewal / Expiration	_____
Reason for Shopping	☐ Lower Premium ☐ Better Coverage ☐ New Home ☐ New Vehicle ☐ Bundle ☐ Other
Coverage Lapse?	☐ No ☐ Yes — Explain: _____

4. HOME / PROPERTY INFORMATION

Property Address	_____
City / State / ZIP	_____
Property Use	☐ Primary ☐ Secondary ☐ Rental ☐ Seasonal
Occupancy	☐ Owner Occupied ☐ Tenant Occupied ☐ Vacant
Purchase / Closing Date	_____ Purchase Price: \$_____
Estimated Current Value	\$_____
Year Built / Sq. Ft.	_____ / _____ sq. ft. Stories: _____
Construction	☐ Brick ☐ Brick Veneer ☐ Frame ☐ Stucco ☐ Stone ☐ Other
Foundation	☐ Slab ☐ Pier & Beam ☐ Basement ☐ Other
Roof Type	☐ Asphalt/Composition ☐ Architectural ☐ Metal ☐ Tile ☐ Other
Roof Age / Year	_____ ☐ Full Replacement ☐ Partial ☐ Original ☐ Unknown
Garage	☐ None ☐ 1-Car ☐ 2-Car ☐ 3-Car ☐ 4+ ☐ Attached ☐ Detached
Beds / Baths	Bedrooms: _____ Full Baths: _____ Half Baths: _____
Fireplace	☐ No ☐ Yes Number: _____
Pool / Spa	Pool: ☐ No ☐ Yes ☐ In-Ground ☐ Above-Ground ☐ Fenced ☐ Diving Board ☐ Slide Spa: ☐ No ☐ Yes
Other Features	Trampoline ☐ No ☐ Yes Solar ☐ No ☐ Yes Generator ☐ No ☐ Yes
Protection	Security: ☐ None ☐ Local ☐ Central Smoke/Fire: ☐ Local ☐ Central Sprinkler: ☐ No ☐ Yes
Community	Gated: ☐ No ☐ Yes HOA: ☐ No ☐ Yes

5. HOME UPDATES

Roof	Year updated/replaced: _____
HVAC	Year updated/replaced: _____
Electrical	Year updated/replaced: _____
Plumbing	Year updated/replaced: _____
Water Heater	Year updated/replaced: _____
Major Renovations	☐ No ☐ Yes — Describe: _____

6. HOME UNDERWRITING QUESTIONS

Business operated from home? ☐ No ☐ Yes — Describe: _____

Dogs at property? ☐ No ☐ Yes — Breed(s): _____ Bite/aggression history? ☐ No ☐ Yes

Exotic animals/livestock? ☐ No ☐ Yes — Describe: _____

Wood-burning stove? ☐ No ☐ Yes Underground oil/fuel tank? ☐ No ☐ Yes

Any unrepaired property damage? ☐ No ☐ Yes — Explain: _____

Prior insurance cancellation/non-renewal? ☐ No ☐ Yes — Explain: _____

Mortgage? ☐ No ☐ Yes — Mortgage Company: _____ Loan #: _____

Second mortgage/home equity loan? ☐ No ☐ Yes

7. HOME INSURANCE CLAIMS – PAST 5 YEARS

Any property/home insurance claims? ☐ No ☐ Yes

Date	Type of Loss	Amount	Status / Notes

8. HOME COVERAGE PREFERENCES

Dwelling Coverage (if known): \$ _____

Personal Liability: ☐ \$100,000 ☐ \$300,000 ☐ \$500,000 ☐ Other: _____

All-Peril Deductible: ☐ \$1,000 ☐ \$2,500 ☐ 1% ☐ 2% ☐ Other: _____

Wind/Hail Deductible: ☐ 1% ☐ 2% ☐ Other: _____

Interested in: ☐ Water Backup ☐ Foundation/Slab ☐ Equipment Breakdown ☐ Service Line

☐ Extended Replacement Cost ☐ Replacement Cost Personal Property ☐ Scheduled Valuables

☐ Identity Theft ☐ Umbrella Insurance ☐ Flood Insurance

9. AUTO – DRIVERS

Driver 1

Full Legal Name	_____
DOB / Relationship	_____ / _____
Driver's License	Number: _____ State: _____
License Information	Status: ☐ Valid ☐ Permit ☐ Suspended/Other Age First Licensed: _____
Occupation	_____
Discounts	Good Student: ☐ Yes ☐ No Defensive Driving: ☐ Yes ☐ No

Driver 2

Full Legal Name	_____
DOB / Relationship	_____ / _____
Driver's License	Number: _____ State: _____
License Information	Status: ☐ Valid ☐ Permit ☐ Suspended/Other Age First Licensed: _____
Occupation	_____
Discounts	Good Student: ☐ Yes ☐ No Defensive Driving: ☐ Yes ☐ No

Additional Drivers

Name	Date of Birth	Relationship

10. VEHICLES

Vehicle 1

Year / Make / Model	
VIN	
Primary Driver	
Ownership	☐ Owned ☐ Financed ☐ Leased
Use	☐ Pleasure ☐ Commute ☐ Business ☐ Farm
Mileage / Commute	Annual Miles: _____ One-Way Commute: _____ miles Days/week: _____
Lienholder / Leasing Co.	

Vehicle 2

Year / Make / Model	
VIN	
Primary Driver	
Ownership	☐ Owned ☐ Financed ☐ Leased
Use	☐ Pleasure ☐ Commute ☐ Business ☐ Farm
Mileage / Commute	Annual Miles: _____ One-Way Commute: _____ miles Days/week: _____
Lienholder / Leasing Co.	

Vehicle 3

Year / Make / Model	
VIN	
Primary Driver	
Ownership	☐ Owned ☐ Financed ☐ Leased
Use	☐ Pleasure ☐ Commute ☐ Business ☐ Farm
Mileage / Commute	Annual Miles: _____ One-Way Commute: _____ miles Days/week: _____
Lienholder / Leasing Co.	

11. DRIVING HISTORY – PAST 3–5 YEARS

Any accidents? ☐ No ☐ Yes Moving violations/tickets? ☐ No ☐ Yes

Any DUI/DWI? ☐ No ☐ Yes License suspension/revocation? ☐ No ☐ Yes Insurance claims? ☐ No ☐ Yes

Driver	Date	Accident / Violation / Claim	At Fault?	Amount

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12. AUTO COVERAGE

Liability Limits: ☐ 30/60/25 ☐ 50/100/50 ☐ 100/300/100 ☐ 250/500/100 ☐ Other: _____

Comprehensive Deductible: ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ Other: _____

Collision Deductible: ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ Other: _____

Additional: ☐ UM/UIM ☐ PIP ☐ Medical Payments ☐ Rental ☐ Roadside/Towing ☐ Gap ☐ Glass ☐ OEM

13. OTHER VEHICLES / EXPOSURES

☐ Motorcycle ☐ RV/Motorhome ☐ Travel Trailer ☐ Boat/Jet Ski ☐ ATV/UTV ☐ Golf Cart

☐ Classic/Collector Vehicle ☐ Rental Property ☐ Second/Vacation Home

Details: _____

14. POTENTIAL DISCOUNTS

☐ Home + Auto Bundle ☐ Multiple Vehicles ☐ Continuous Insurance ☐ Claims-Free ☐ Accident-Free

☐ Good Student ☐ Defensive Driving ☐ Paid in Full ☐ Auto Pay ☐ Paperless ☐ Security System

☐ New Roof ☐ New Home ☐ Gated Community ☐ Smart Home ☐ Telematics ☐ Military/Veteran ☐ Professional

15. QUOTE PRIORITIES & EFFECTIVE DATE

Priority	☐ Lowest Premium ☐ Better Coverage ☐ Lower Deductibles ☐ Higher Liability ☐ Price/Coverage Balance
Desired Effective Date	_____
Preferred Payment	☐ Monthly ☐ Paid in Full ☐ Escrow/Mortgage

DOCUMENTS THAT HELP US PROVIDE AN ACCURATE QUOTE

☐ Current Home Declarations Page ☐ Current Auto Declarations / ID Cards ☐ Driver's Licenses

☐ Vehicle VINs ☐ Mortgage/Lienholder Information ☐ Closing Disclosure ☐ Current Renewal Offer

CLIENT AUTHORIZATION

I understand that the information provided is being used to obtain insurance quotations. I authorize the insurance agency and prospective insurance carriers, where permitted, to obtain information necessary to develop an insurance quote, which may include insurance history, claims history, driving records, consumer reports, or insurance scores, subject to applicable law and carrier requirements.

Applicant Name	_____
Signature / Date	_____

AGENT USE ONLY

Agent	_____ Lead Source: _____
Quote Type	☐ Home ☐ Auto ☐ Bundle ☐ Umbrella Opportunity ☐ Flood Opportunity ☐ Life Opportunity
Carriers Quoted	_____
Follow-Up Date	_____
Notes	_____ _____ _____