

Applicant Information

Full Name: _____
First Name MI Last Name

Current Address: _____
Street Address Apartment/Unit #

City State ZIP Code

County/Township

Have you lived at your current address for less than 3 years? Yes No
 List previous address: _____

Work Phone: _____ Home Phone: _____
 Cell Phone: _____ Fax Number: _____
 Email: _____

How would you like to be contacted? _____
 If by telephone, best hours to reach you? _____ Time Zone _____

Are you currently a BIA client? _____
 If yes, what other lines of business do you have with our agency? _____
 If not, please indicate source of referral: _____

Insured Information

DOB: _____
 Occupation: _____ Employer: _____
 Marital Status: _____ Spouse DOB: _____
 Spouse Occupation: _____ Employer: _____

Number of Dependents Residing in Your Home: _____
 Name: _____ Relationship: _____ DOB: _____
 Name: _____ Relationship: _____ DOB: _____
 Name: _____ Relationship: _____ DOB: _____
 Name: _____ Relationship: _____ DOB: _____
 Name: _____ Relationship: _____ DOB: _____

Do you have dependents living in an assisted-living care facility? _____
 Exposures:
 Personal Auto Primary Homeowner Primary Condo Secondary Residence
 Homes Rented to Others Watercraft Recreational Vehicles Rent Apartment or Condo
 Personal Umbrella Commercial Autos Commercial Buildings Farm or Ranch

Please indicate the number of residences your currently own or rent. _____
 #1 Address: _____
 #2 Address: _____

#3 Address: _____

#4 Address: _____

#5 Address: _____

Do you own any vacant land? _____

Do you store any property in a storage unit? _____

If Yes, location of storage unit: _____

Please Describe Type of Property Stored: _____

Do you Lease or Own the unit? _____

Please indicate the number of vehicles you currently _____

How many drivers are in your household? _____

Please indicate if you are interested in an Umbrella. _____

Please indicate if you own a watercraft. _____

Do you have a home-based business? _____

If Yes, please answer the following questions:

Describe Type of Business: _____

Annual Revenue: _____

Is there inventory in your home? _____

If Yes, what is the value of the inventory? _____

Do you have a business sign/advertisement at your home?

Do clients frequent your home? _____

Are you involved in any other business or sales _____

If yes, please describe: _____

Do you own any pets? _____

If Yes, type of pet _____

If dog, please provide breed: _____