

Fortman Insurance Services



Managing Risks. Protecting Assets.

Hours: Monday – Friday 8:00 a.m. – 5:00 p.m.
Evenings & Weekends by Appointment

Thank you for visiting Fortmanins.com, we appreciate thinking of us for your insurance needs. Our Licensed agents are ready to give you a professional customized quote on your Autos, Home, Farm, Commercial, Health or Employee Benefits Package. The following questionnaires are designed to gather all of the information needed to provide the most accurate rates. Once completed, this information can be sent to our office by e-mail, mail, fax or feel free to drop it off at one of our two locations.

Once we receive the information, we set a standard of providing you with the quotes within 24 – 48 hours. Thank you for considering Fortman Insurance Services.

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www.fortmanins.com

OTTAWA

614 N. Perry, St. Rt. 65
P.O. Box 364
Ottawa, OH 45875
Tel: 419-523-4500
800-686-4500
Fax: 419-523-0045

BLUFFTON

115 N. Main St.
Bluffton, OH 45817
Tel: 419-358-4600
Fax: 419-358-0046

For a Free, No Obligation AUTO Insurance Quote

Please complete this form with your current policy information. Once completed, please return it in the enclosed postage paid envelope. Or, if you prefer, please call us and we will be happy to collect the necessary information over the phone.

Date: _____

Name: _____ *Social Security #: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Circle Best Time to Call: Morning Afternoon Evening Weekend

Drivers			
Name	Date of Birth	*Social Security #	Drivers License #
1.			
2.			
3.			
4.			

Driving History
List any tickets or accidents for any driver in the last 3 years. Include month and year if possible.
Driver 1:
Driver 2:
Driver 3:
Driver 4:

Vehicles			
Year	Make	Model	VIN #
1.			
2.			
3.			
4.			

Liability Limits *(Protects other people and/or their property when an accident is your fault)*

Check the liability limits on your current policy

<input type="checkbox"/> \$50,000 Per Person Bodily Injury \$100,000 Per Accident Bodily Injury \$50,000 Property Damage	<input type="checkbox"/> \$100,000 Per Person Bodily Injury \$300,000 Per Accident Bodily Injury \$100,000 Property Damage	<input type="checkbox"/> \$250,000 Per Person Bodily Injury \$500,000 Per Accident Bodily Injury \$250,000 Property Damage
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Medical Pay: \$1,000 \$2,000 \$3,000 \$5,000 \$10,000**Other than Collision Deductible** *(Windshield breakage, theft, vandalism, hail damage to your vehicle)*

Check the deductible on your current policy

Vehicle 1	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
Vehicle 2	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
Vehicle 3	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
Vehicle 4	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000

Collision Deductible *(Repairs your vehicle)*

Check the deductible on your current policy

Vehicle 1	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
Vehicle 2	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
Vehicle 3	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
Vehicle 4	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000

Uninsured Motorist: 50/100/50 100/300/100 250/500/250**Rental Car Coverage:** \$30 per day \$40 per day**Do you:** Own Home Rent Live with parents**Current Insurance Company:** _____

How long have been insured with this company: _____ Policy Expiration Date: _____

Fortman Insurance has eight property & casualty insurance agents to serve you. Please feel free to contact any member of the Fortman P&C Team!

John Fortman – jfortman@fortmanins.comAmy Baker – abaker@fortmanins.comPam Eickholt – peickholt@fortmanins.comMarla Santonieri – msantomieri@fortmanins.comZack Fortman – zfortman@fortmanins.comBetty Wagner -- bwagner@fortmanins.comNancy Scalf— nscalf@fortmanins.comRachel Miller – rmiller@fortmanins.com

Thank you for taking the time to complete this form. *In order to obtain an accurate quote for you, we will order an insurance score from consumer reporting agencies and confirm the claim history (CLUE). We will run quotes with the auto companies we represent and call you.

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For a Free, No Obligation HOME Insurance Quote

Please complete this form with your current policy information. Once completed, please return it in the enclosed postage paid envelope. Or, if you prefer, please call us and we will be happy to collect the necessary information over the phone.

Date: _____

Name: _____ Second Named Insured: _____

*D.O.B. & SS #: _____ D.O.B. & SS# _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email address: _____

Prior Carrier: _____ Policy# _____

Policy Term Expiration: _____ Years with carrier: _____

Was premium escrowed: Yes No

Please list any claims you have had on this address or any previous addresses in the past 5 years.

Date	Type of Claim	\$ Amount of Claim Paid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Responding Fire Department: _____ How many miles away? _____

Are you within city limits? Yes No

Is there a fire hydrant with 1,000 feet of your home? Yes No

Do you have any of the following:

Wood or coal burning furnace / stove Yes No

If yes, Where is it located? _____ Number of fireplaces: _____

Trampoline Yes No If yes: Safety Net Yes No

Swimming Pool Yes No **If yes:** Above Ground Yes No

In ground Yes No Fenced in yard Yes No

Diving Board? Yes No Slide? Yes No

Pond Yes No Diving Board? Yes No Slide? Yes No

Alarm Systems Yes No **Reporting?** Yes No

Smoke detector Deadbolt Central Fire Central Burglar

Any home based business?: Yes No **Back-up Generators?:** Yes No

Scheduled Items: _____

House Information

Purchase Date: _____ **New Purch.?** Yes No

Planned Updates: _____

Brick Structure **Frame Structure** **Modular/Mobile** Yes No

If sided, type of siding? _____

Year Built: _____ **Number of Stories:** _____ **Number of Square Feet:** _____

Number of Full bathrooms: _____ **Number of half bathrooms:** _____

Water heater last updated? _____ **Roof last updated/type?** _____

Electrical Updated/amps? _____ **Plumbing type/last updated?** _____

Heat Type: _____ **Heat last updated?** _____

Type of Foundation: Crawlspace Slab Finished Basement Unfinished Basement

Do you have a garage? Yes No

If Yes: Attached Detached 1 Car 2 car 3 car

Any detached structures? Yes No **Type:** _____

Size/s: _____ **Age:** _____

Type of Construction: _____ **Highest Level of education:** _____

Employer: _____ **Type of Employment:** _____