

Fortman Insurance Services



Managing Risks. Protecting Assets.

HOURS: MONDAY-FRIDAY 8:00 a.m. - 5:00 p.m.
EVENINGS & WEEKENDS BY APPT.

OTTAWA

Tel: 419-523-4500
Fax: 419-523-0045

614 N. Perry, St. Rt. 65
P.O. Box 364
Ottawa, OH 45875

BLUFFTON

Tel: 419-358-4600
Fax: 419-358-0046

115 N. Main St.
Bluffton, OH 45817

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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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 at 419-358-4600 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 five property & casualty insurance agents to serve you. Please feel free to contact any member of the Fortman P&C Team!

John Fortman – ifortman@fortmanins.comAmy Baker – abaker@fortmanins.comPam Eickholt – peickholt@fortmanins.comZack Fortman – zfortman@fortmanins.comDale Metzger – dmetzger@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 at 419-358-4600 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

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

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 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

Alarm Systems Yes No

Smoke detector Deadbolt Central Fire Central Burglar

Do you have pets? Yes No If dogs, please include breed _____

Property • Casualty • Health • Life • Commercial • Farm

House Information

Brick Structure Frame Structure

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

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

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

Central Air Conditioning: Yes No

Recent Updates:	Type	Date
Plumbing		
Electric		
Heat		
Roof		

Current Coverages	Current Insurance Company:
Deductible:	
Dwelling:	How long have you been with this company?
Other Structure:	Policy Expiration Date:
Personal Property:	Scheduled Personal Property: <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of use:	(Jewelry, Art, Collectibles)
Personal Liability:	Please list type and value of property:
Medical Payments:	

Mobile Homeowners	
Year:	Length:
Make:	Width:
Model:	Value of Mobile Home:

Fortman Insurance has five property & casualty agents to serve you! Please feel free to contact any member of the Fortman Property & Casualty team!

John Fortman – jkfortman@fortmanins.com

Amy Baker – abaker@fortmanins.com

Pam Eichholt – peickholt@fortmanins.com

Zack Fortman – zfortman@fortmanins.com

Dale Metzger – dmetzger@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 each driver's driving record (MVR) and claims history (CLUE). We will run quotes with the auto companies we represent and call you.

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For a Free, No Obligation HEALTH Insurance Quote

Please complete this form with your current policy information. Once completed, please return it by fax, scan/email or drop it off in person at our Ottawa or Bluffton office. Or, if you prefer, please call us at 419-523-4500 or 419-358-4600 and we will be happy to collect the necessary information over the phone.

Date: _____

Name: _____ Email: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Circle Best Time to Call: Morning Afternoon Evening Weekend

Family Members to Be Insured						
Name	Date of Birth	Sex	Height	Weight	Smoker	

In order to get an accurate quote, we include current and recent medical conditions from the past 10 years so there is not an unexpected rate jump when the application goes through underwriting. We honor your privacy and this information is used for quoting purposes only.

Medications / Conditions		
Name	Condition	Medication / Treatment

Do you want full maternity coverage? Yes No

Do you currently have health insurance? Yes No

If yes, who is your carrier? _____

What monthly premium do you pay? _____

What is your deductible? _____

Do you have a copay? _____

If no, when did your coverage end? _____

Are you self-employed? Yes No

Fortman Insurance Services will use the above information to quote you with all of the companies we represent. We will contact you directly with the resulting quotes for you to consider. You can then make the best decision for your situation. We thank you for this opportunity to work together!

Fortman Insurance has six health insurance agents to serve you. Please feel free to contact any member of the Fortman Health Insurance Team!

Jonathan Fortman – jfortman@fortmanins.com

Branden Fortman – bfortman@fortmanins.com

Catherine Fortman - cfortman@fortmanins.com

Laurie Basinger – lbasinger@fortmanins.com

Kathy Green – kgreen@fortmanins.com

Sam Brauen - sbrauen@fortmanins.com