

Instructions

1. Print off all necessary forms

2. Complete the appropriate sections of the Auto/Home Quote form.

If you have any questions while completing this form please call Alice at 1-800-632-4591.

3. Include a copy of your current policy.

This will allow us to provide you with the most accurate premium quotation.

4. Return all materials to Paul Goebel Group. or your local Citizens Agent.

You can send by:

- Toll-free fax. Cover sheet included

- Scan and e-mail to Alice at:

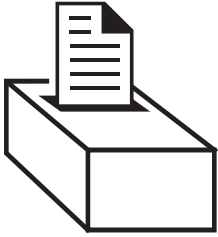
alindstrom@goebelgrp.com

- Mail to:

Paul Goebel Group

161 Ottawa NW Suite 511-F

Grand Rapids, MI 49503



Toll-Free Fax

To: Alice Lindstrom

From: _____

Fax: 877-744-3291

Phone: _____

Phone: 800-632-4591

Firm: _____

Re: Auto / Home Program

Date: _____

- Please provide me with a no-obligation quote
- Please contact me on my policy renewal date

Auto Insurance Quote

Please Print or Type Information

1-800-632-4591
 (616) 454-8257
 Fax: (616) 454-6549



Association _____ Date _____

Full Name _____

Street _____ County _____

City _____ State _____ Zip _____
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Home Phone _____ Work Phone _____ Fax _____

Email _____

Proposed Effective Date _____ Current Carrier _____ Expiration Date _____

Current Bodily Injury Limits _____ Any Lapse in Coverage? _____

Own Rent Live with relatives or others? If own what type of dwelling? House Condo Mobile Home

PIP (Personal Injury Protection)

Yes No

Will primary health insurance provide coverage for you and your family in an auto accident?

Name of healthcare provider: _____

Do you carry a disability insurance policy?

Name of disability provider: _____

Please list all household members (licensed or not)

	Driver #1	Driver #2	Driver #3	Driver #4
Name				
Date of Birth				
Sex				
Marital Status				
Relationship				
Drivers License Number				
Occupation				
Tickets or Accidents in last 5 years				
Social Security Number				

Vehicle Information	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Year				
Manufacturer				
Model				
VIN (Vehicle ID Number)				
Cost (New)				
Primary Operator				
Useage Pleasure / Work / Business				
Work Miles (one way)				
Name on Title				
Anti-Lock				
Airbags				
Theft Deterrent				

Coverage Information	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Bodily Injury Limit				
Property Damage Limit				
Uninsured Motorist Limit				
Underinsured Motorist Limit				

Coverages Options	Vehicle #1		Vehicle #2		Vehicle #3		Vehicle #4	
Collision Options	Broad Basic Limited None		Broad Basic Limited None		Broad Basic Limited None		Broad Basic Limited None	
Collision Deductible	\$100 \$500	\$250 \$1,000	\$100 \$500	\$250 \$1,000	\$100 \$500	\$250 \$1,000	\$100 \$500	\$250 \$1,000
Comprehensive Deductible	\$100 \$500	\$250 \$1,000	\$100 \$500	\$250 \$1,000	\$100 \$500	\$250 \$1,000	\$100 \$500	\$250 \$1,000
Towing / Road Service	\$50	\$100	\$50	\$100	\$50	\$100	\$50	\$100
Rental Reimbursement	\$20 \$40	\$30 \$50	\$20 \$40	\$30 \$50	\$20 \$40	\$30 \$50	\$20 \$40	\$30 \$50
Miscellaneous Options	Utility Trailer Travel Trailer Pop up / Pick up Camper		Utility Trailer Travel Trailer Pop up / Pick up Camper		Utility Trailer Travel Trailer Pop up / Pick up Camper		Utility Trailer Travel Trailer Pop up / Pick up Camper	
Gap Protection								

Please return to us by fax (877-744-3291) or email to Alice at alindstrom@goebelgrp.com

Home Insurance Quote

Please Print or Type Information
(Not necessary to duplicate info if already completed on auto quote form)

1-800-632-4591
(616) 454-8257
Fax: (616) 454-6549



_____/_____/_____

Association _____ Date _____

Full Name _____ Date of Birth _____ *Social Security Number _____

Spouse Name _____ Date of Birth _____ *Social Security Number _____

Street _____

City _____ State _____ Zip _____
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Home Phone _____ Work Phone _____ Fax _____

Email Address _____ *For insurance Scoring Purposes

Yes No Married?

Yes No Are you an alumni of a michigan college or university, If so? _____

Yes No Location address different from mailing. If so: _____

Address _____

City _____ State _____ Zip _____

Use of dwelling: Primary Secondary Seasonal Rental Property

Name on Deed: _____

Number of families: _____

If you have lived at mailing address less than 6 months, please provide previous address:

Address _____

City _____ State _____ Zip _____

Current carrier / Expiration date: _____

If Currently Insured;

Dwelling Amount: \$ _____

Market Value: \$ _____

If new, what is the purchase price? \$ _____

Personal Liability \$100K, \$300K, \$500K, \$1,000,000): \$ _____

Medical Payments to Others (\$1,000 to \$5,000): \$ _____

Deductible Options (\$100, \$250, \$500, \$750, \$1,000, \$2,500): \$ _____

Recreational Vehicles / Watercraft

Year	Make	Model	Value	Horsepower/C.Cs
Year	Make	Model	Value	Horsepower/C.Cs

Year	Make	Model	Value	Horsepower/C.Cs
Year	Make	Model	Value	Horsepower/C.Cs

Scheduled Personal Property Values (List each item - i.e. Jewlery, Cameras, Furs, Art, etc.)Construction Type: Frame Brick Face All Brick

Miles from fire department:_____ Feet from hydrant:_____ Township:_____

Property loss in past 5 years? Yes No

(If yes please describe with \$ amount):

Any in home business liability or business equipment:

Please check off any of the Protective Devices that your home has:

 Central Fire Alarm Central Burglar Alarm Smoke Detectors Sprinkler System Fire Extinguisher DeadboltAny household member smoke? Yes NoWater Front? Yes No

Does your home have any of the following:

 Wood Stove Pool Pool - Fenced Diving Board Trampoline Pets (Breed and number, bite history):

Notes / Additional desired coverage:_____

Please return to us by fax (877-744-3291) or email to Alice at alindstrom@goebelgrp.com

Residential Replacement Cost Estimator

(Provide information for location to be quoted)

1-800-632-4591
(616) 454-8257
Fax: (616) 454-6549



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Name _____ Home Phone _____

Street _____ City _____ Zip _____

Predominant Style (1, 1.5, 2, 2.5, or 3-story, bi-level, tri-level, etc.) _____ Number of Families _____ Year built _____

Total living square feet _____

(include built-in garages, finished attics, room additions, above garage living area, etc. Do not include basements.)

Foundation type: Basement _____% Walkout Basement yes no Finished Basement _____%
Crawl Space _____% Slab _____%

Exterior (indicate type of material and percentage of type)

Type of material: wood, aluminum, vinyl, brick, brick veneer, other.

Wall Type 1 _____/_____% Wall Type 2 _____/_____%

Roofing Material: asphalt shingles wood shingles steel tile other: _____

Attached Structures

Garage: number of cars _____ attached/built-in

Carport: number of cars _____

Porch: square feet _____ Open / Screened / Enclosed

Wood deck: square feet _____

Breezeway: square feet _____ Open / Screened / Enclosed

Other: _____

Specialty Items (count)

Picture Windows _____ Bay Windows _____ Sliding Glass Doors _____ Skylights _____ Solar Panels _____

Interior

Ceiling/Walls: Drywall _____% Plaster _____% Other _____%

Wall coverings: Paint _____% Wall Paper _____% Other _____%

Flooring: Hardwood _____% Carpet _____% Ceramic _____% Vinyl _____% Other _____%

Quality of Construction Description for Kitchen and Bath

Builders Grade (basic cabinets, ceramic (vanity), garbage disposal, built-in dishwasher, etc.)
Custom (Custom wood cabinets, marble, island w/ sink and faucet, 2 sinks)
Designer (High-end wood with under cabinet lighting, granite, double wall oven, motorized pantry, spa)

Kitchen (count) _____ Builders Grade Custom Designer

Bath (count) Full _____ Half _____ Builders Grade Custom Designer

Special Built-in Features

French doors (count) _____ Hot tub (count) _____ Jacuzzi (count) _____ Wet Bar (count) _____

Fireplace (count) _____ Single/double/Gas Fireplace Insert (count) _____ Wood Stove (count) _____

HVAC Information

Heating Type: Electric Gas Oil Other _____

Air Conditioning: Yes No (Same / Seperate duct, evaporative coolers) _____

Interior Sprinkler System _____% Central Burglar Alarm System _____%

Central Vacuum System _____% Intercom System _____% Central Fire Alarm System _____%

Other Special Features: