



WEST PARK
INSURANCE

AUTOMOTIVE AND HOMEOWNERS QUOTE REQUEST

** Denotes a required item / section.*

1ST NAMED INSURED

*First _____
Middle _____
*Last _____
*DOB _____
SS# _____

*Address
House # _____ Street _____ Apt _____
City _____
State _____ Zip _____

Phone / Fax / E-mail
Work _____
*Home _____
Fax _____
E-Mail _____

2ND NAMED INSURED

First _____
Middle _____
Last _____
DOB _____
SS# _____

Address
House # _____ Street _____ Apt _____
City _____
State _____ Zip _____

Phone / Fax / E-mail
Work _____
Home _____
Fax _____
E-Mail _____

Are you a Retired PA State Employee?

Yes No

Are You a PARSE Member?

Yes No

AUTOMOTIVE QUOTE REQUEST

1ST VEHICLE

VIN# _____

OR Enter the Following:

Type _____

Year _____

Make _____

Model _____

Theft and Safety

Anti-Theft

- Active
- Passive
- Alarm Only
- None

Passive Restraints

- Air Bag (Both Sides)
- Air Bag (Driver's Side Only)
- None

Anti-Lock Brakes

- Yes
- No

Coverage Options

Other than Collision

- Yes
- No

If Yes, Deductible:

- \$100 \$500
- \$200 \$1000
- \$250

Collision

- Yes No

If Yes, Deductible:

- \$100 \$500
- \$200 \$1000
- \$250

Towing & Labor

- None
- \$50
- \$75

Usage

Vehicle Use

- Business
- Pleasure
- Farming
- Work
- School

If Work or School:

Miles One Way _____

Days Per Week _____

Weeks Per Month _____

Mileage

Annual Miles _____

Odometer Reading _____

Odometer Date _____

2ND VEHICLE

VIN# _____

OR Enter the Following:

Type _____

Year _____

Make _____

Model _____

Theft and Safety

Anti-Theft

- Active
- Passive
- Alarm Only
- None

Passive Restraints

- Air Bag (Both Sides)
- Air Bag (Driver's Side Only)
- None

Anti-Lock Brakes

- Yes
- No

Coverage Options

Other than Collision

- Yes
- No

If Yes, Deductible:

- \$100 \$500
- \$200 \$1000
- \$250

Collision

- Yes No

If Yes, Deductible:

- \$100 \$500
- \$200 \$1000
- \$250

Towing & Labor

- None
- \$50
- \$75

Usage

Vehicle Use

- Business
- Pleasure
- Farming
- Work
- School

If Work or School:

Miles One Way _____

Days Per Week _____

Weeks Per Month _____

Mileage

Annual Miles _____

Odometer Reading _____

Odometer Date _____

AUTOMOTIVE QUOTE REQUEST

3RD VEHICLE

VIN# _____

OR Enter the Following:

Type _____

Year _____

Make _____

Model _____

Theft and Safety

Anti-Theft

- Active
- Passive
- Alarm Only
- None

Passive Restraints

- Air Bag (Both Sides)
- Air Bag (Driver's Side Only)
- None

Anti-Lock Brakes

- Yes
- No

Coverage Options

Other than Collision

- Yes
- No

If Yes, Deductible:

- \$100 \$500
- \$200 \$1000
- \$250

Collision

- Yes No

If Yes, Deductible:

- \$100 \$500
- \$200 \$1000
- \$250

Towing & Labor

- None
- \$50
- \$75

Usage

Vehicle Use

- Business
- Pleasure
- Farming
- Work
- School

If Work or School:

Miles One Way _____

Days Per Week _____

Weeks Per Month _____

Mileage

Annual Miles _____

Odometer Reading _____

Odometer Date _____

4TH VEHICLE

VIN# _____

OR Enter the Following:

Type _____

Year _____

Make _____

Model _____

Theft and Safety

Anti-Theft

- Active
- Passive
- Alarm Only
- None

Passive Restraints

- Air Bag (Both Sides)
- Air Bag (Driver's Side Only)
- None

Anti-Lock Brakes

- Yes
- No

Coverage Options

Other than Collision

- Yes
- No

If Yes, Deductible:

- \$100 \$500
- \$200 \$1000
- \$250

Collision

- Yes No

If Yes, Deductible:

- \$100 \$500
- \$200 \$1000
- \$250

Towing & Labor

- None
- \$50
- \$75

Usage

Vehicle Use

- Business
- Pleasure
- Farming
- Work
- School

If Work or School:

Miles One Way _____

Days Per Week _____

Weeks Per Month _____

Mileage

Annual Miles _____

Odometer Reading _____

Odometer Date _____

AUTOMOTIVE QUOTE REQUEST

1ST DRIVER DATA

First Name _____

Last Name _____

Date of Birth (MM/DD/YYYY) _____

Age Licensed _____ # of Accidents _____

License State _____ # of Violations _____

License # _____

Vehicle Most Driven _____

Gender

Male Female

Marital Status

Single Married Separated
 Widowed Divorced Domestic Partner

Relationship to First Named Insured

Self Spouse Relative/Parent Other
 Child Employee Domestic Partner

2ND DRIVER DATA

First Name _____

Last Name _____

Date of Birth (MM/DD/YYYY) _____

Age Licensed _____ # of Accidents _____

License State _____ # of Violations _____

License # _____

Vehicle Most Driven _____

Gender

Male Female

Marital Status

Single Married Separated
 Widowed Divorced Domestic Partner

Relationship to First Named Insured

Self Spouse Relative/Parent Other
 Child Employee Domestic Partner

3RD DRIVER DATA

First Name _____

Last Name _____

Date of Birth (MM/DD/YYYY) _____

Age Licensed _____ # of Accidents _____

License State _____ # of Violations _____

License # _____

Vehicle Most Driven _____

Gender

Male Female

Marital Status

Single Married Separated
 Widowed Divorced Domestic Partner

Relationship to First Named Insured

Self Spouse Relative/Parent Other
 Child Employee Domestic Partner

4TH DRIVER DATA

First Name _____

Last Name _____

Date of Birth (MM/DD/YYYY) _____

Age Licensed _____ # of Accidents _____

License State _____ # of Violations _____

License # _____

Vehicle Most Driven _____

Gender

Male Female

Marital Status

Single Married Separated
 Widowed Divorced Domestic Partner

Relationship to First Named Insured

Self Spouse Relative/Parent Other
 Child Employee Domestic Partner

AUTOMOTIVE QUOTE REQUEST

COVERAGES

Bodily Injury (BI)

Per Accident / Per Policy Aggregate

- \$15,000 / \$30,000 \$100,000 / \$300,000
 \$25,000 / \$50,000 \$250,000 / \$500,000
 \$50,000 / \$100,000

Property Damage (PD)

- \$5,000 \$50,000
 \$10,000 \$100,000
 \$25,000

Uninsured Motorist (UM)

Per Accident/Per Policy Aggregate

- Reject \$50,000 / \$100,000
 \$15,000 / \$30,000 \$100,000 / \$300,000
 \$25,000 / \$50,000 \$250,000 / \$500,000

Stacked Uninsured Motorist

- Yes
 No

Underinsured Motorist

(UIM) Per Accident/Per Policy Aggregate

- Reject \$50,000 / \$100,000
 \$15,000 / \$30,000 \$100,000 / \$300,000
 \$25,000 / \$50,000 \$250,000 / \$500,000

First Party Medical Benefits

- \$5,000 (Basic) \$50,000
 \$10,000 \$100,000
 \$25,000

First Party Benefits

Please Choose 1 of the 5 Options Below

- (1) None
 (2) Additional Benefits

If Additional Benefits, then:

Work Loss – Per Month / Policy Aggregate

- None
 \$1,000 / \$5,000
 \$1,000 / \$15,000
 \$1,500 / \$25,000
 \$2,500 / \$50,000

Accidental Death

- None
 \$5,000 Per Person
 \$10,000 Per Person
 \$25,000 Per Person

Funeral Expense

- None
 Up to \$1,500
 Up to \$2,500

- (3) Combined First Party Benefits – \$50,000
 (4) Combined First Party Benefits – \$100,000
 (5) Combined First Party Benefits – \$177,500

If Combined First Party Benefits, then:

Extraordinary Medical Expense

- None
 \$1,000,000

Tort Option

- Full
 Limited

EFFECTIVE DATE / RESIDENCY \ CURRENT CARRIER

Effective Date to Start Coverage

(MM/DD/YYYY)

Residency Type

- Home Owner Rent Duplex
 Condo Owner Live with Parents Other
 Town House Owner Mobile Home Not Applicable

Current Carrier's Name

HOMEOWNERS QUOTE REQUEST

Style of House

- Cape Cod
- Colonial
- Condo
- Cottage
- Ranch
- Row House
- Townhouse
- Victorian

Total Living Space _____ **Sq. Ft.**

(Length x Width x No. of Stories)

Dwelling Type

- One Family
- Two Family

Dwelling Use

- Primary
- Secondary
- Secondary Seasonal

Number of Stories _____

Number of Bathrooms _____

Basement Yes No

Kitchen

- Basic
- Custom
- Designer

Garage

- Attached / 1 Car
- Attached / 2 Cars
- Detached / 1 Car
- Detached / 2 Cars
- Carport / 1 Car
- Carport / 2 Cars

Construction Type

- Aluminum / Vinyl
- Brick Masonry
- Brick Veneer
- Fire Resistive
- Frame

Year Built _____

Roof Type

- Architectural Shingles
- Asbestos
- Asphalt Shingles
- Composition
- Copper / Flat
- Copper / Pitched
- Corrugated / Flat
- Corrugated / Pitched
- Fiberglass
- Foam
- Gravel
- Metal / Flat
- Metal / Pitched
- Mineral Fiber Shake
- Plastic / Flat
- Plastic / Pitched
- Rock
- Rolled Paper / Flat
- Rolled Paper / Pitched
- Rubber / Flat
- Rubber / Pitched
- Slate
- Tar
- Tar and Gravel
- Tile / Clay
- Tile / Concrete
- Tile / Spanish
- Tin / Flat
- Tin / Pitched
- Wood Fiberglass Shingle
- Wood Shake
- Wood Shingles

Inside City Limits Yes No

Feet from fire hydrant

- 1 – 500
- 501 – 600
- 601 – 1000
- 1001 or Greater

Miles from Fire Station _____

Name of Fire Protection Provider

Any Losses in the Last 3 Years

- Yes
- No

If Yes, Then

Date of Loss (MM/DD/YYYY)

Amount Paid \$ _____

Describe Loss _____

Renovation Information

Wiring Info

- Not Updated
- Partial Update
- Complete Update

Wiring Year _____

Plumbing Info

- Not Updated
- Partial Update
- Complete Update

Plumbing Year _____

Heating Info

- Not Updated
- Partial Update
- Complete Update

Heating Year _____

Roof Info

- Not Updated
- Partial Update
- Complete Update

Roof Year _____

Home Value \$ _____

Personal Liability Coverage

- \$ 100,000
- \$ 200,000
- \$ 300,000
- \$ 400,000
- \$ 500,000

HOMEOWNERS QUOTE REQUEST

Medical Payments

- \$ 1,000
- \$ 2,000
- \$ 3,000
- \$ 4,000
- \$ 5,000

Deductible

- 1% of Housing Value
- \$250
- \$500
- \$1,000
- \$2,000
- \$2,500
- \$3,000
- \$4,000
- \$5,000

Protective Devices

- Smoke Alarm
 - Yes
 - No
- Dead Bolt Lock
 - Yes
 - No
- Burglar Alarm
 - Local
 - Department
 - Central
- Fire Alarm
 - Local
 - Department
 - Central
- Sprinkler System
 - All Areas
 - Most Areas

Additional Coverages

This represents the most popular choices. Our representative can discuss the many additional coverages to meet your specific needs. *(Check all that apply)*

- Earthquake
- Identity Fraud Expense
- Sinkhole Collapse
- Water Backup
- Watercraft Liability

Name of Current Carrier

ADDITIONAL QUESTIONS

If you have any additional questions, please provide them in the space below, and a West Park agent will contact you soon.