

4: Customer Profile Sheet

Name _____ Birthdate _____ SS Number _____
 Spouse _____ Birthdate _____ SS Number _____
 Child _____ Birthdate _____ SS Number _____
 Child _____ Birthdate _____ SS Number _____
 Child _____ Birthdate _____ SS Number _____
 Address _____ Phone _____
 Husband's occupation _____ Employer _____ Bus. Phone _____
 Wife's occupation _____ Employer _____ Bus. Phone _____
 Own Home _____ Construction _____ Year built _____
 Mortgagee _____ Amount _____ Maturity _____
 Replacement Cost _____ Date calculated _____ Insurance _____
 Other owned premises _____ Rented to others? _____
 Office in Home? _____ Type of incidental occupancy _____
 Value of contents _____ Date inventoried _____ Insurance _____
 Jewelry _____ Furs _____ Cameras _____
 Musical instruments _____ Antiques _____ Fine arts _____
 Silverware _____ Stamps _____ Coins _____
 Guns _____ Golf equipment _____ Professional _____
 Boat _____ Snowmobile _____ Golf cart _____
 Year/model car _____ Youthful drivers _____
 Serial number _____ Drivers education? _____
 Horsepower _____ Good student? _____
 Use of Auto _____ At school 100 miles?? _____
 Loss payee _____
 Recreational vehicles _____
 How long claim free? _____
 Company car or other automobile furnished for regular use? _____

Coverage	Agency	Expiration	Premium
Homeowners			
Automobile			
Floater			
Boat			
Umbrella			
Hospitalization			
Disability income			
Life Insurance			

Loss Date	Type of Loss	Amount Paid

Remarks and Recommendations

