RETIREPATH
PROPERTY & CASUALTY, LLC

Home and Auto Insurance going up? Complete this form and submit your declaration pages to see how much you can save today!

Information Needed:

Current Home, Auto, & Umbrella Declaration Pages

Prior Insurance Carrier: _____

Home Premium: _____ Auto Premium: _____

Full Name, Date of Birth, & Drivers License Numbers of all household members/drivers:

Name: _____Phone Number: _____

Email: _____ DOB:_____ DL#: _____

Retired, Working, or Student (circle)

If working - Employer: _____Job Title: _____

Name: _____Phone Number: _____

Email: _____ DOB:_____ DL#: _____

Retired, Working, or Student (circle)

If working - Employer: _____ Job Title:_____

Name: _____Phone Number: _____

Email: _____ DOB:_____ DL#: _____

Retired, Working, or Student (circle)

If working - Employer: _____Job Title: _____

AUTO Insurance:

Vehicle Information: Vehicle Identification Number (VIN) needed, if **NOT** listed on Auto Policy:

Vehicle #1 (VIN)_____

Annual Miles Driven:_____ Business or Pleasure (Circle)

Who Drives the vehicle?_____

Vehicle #2 (VIN)_____

Annual Miles Driven:_____ Business or Pleasure (Circle)

Who Drives the vehicle?_____

Vehicle #3 (VIN)_____

Annual Miles Driven:_____ Business or Pleasure (Circle)

Who Drives the vehicle?_____

Auto Claims:

Date of Accident: _____ At Fault or Not At Fault (Circle)

Amount Paid: _____ Vehicle in accident :_____

Claims: Date of Accident: _____ At Fault or Not At Fault (Circle)

Amount Paid: _____ Vehicle in accident :_____

3) Payment Options: Pay in Full or Monthly EFT (Circle)

HOME Insurance:

Primary Home:

Address:_____

How many stories is the home?_____ How many square feet?_____

Year Built:_____ Date of Purchase (Month/Year):_____

Roof Age:_____Roof Type:_____

Foundation Type:_____ (Slab, Pier, Open/Closed Crawl Space, Other)

Number of Full Baths:_____ Number of half baths:_____

Any Updates? (please include year of update):

Roof_____ HVAC:_____

Plumbing:_____ Electrical:_____

Payment: Escrow? Yes or No (Circle) Mortgage Loan #:_____

First Mortgagee Bank Address: _____

Non Escrow Payment Option: Pay in Full or Monthly EFT (Circle)

Home Claims:

Date of Accident(s)_____ Amount Paid:_____

Date of Accident(s)_____ Amount Paid:_____

Notes:_____

Current Primary Home Deductibles:

All Perils_____ Specific for Wind/Hail:_____

Do you have a secondary home? If so, please fill out page 3.

Do you have an Umbrella Policy? Yes or No (circle) Umbrella Liability Limit: _____

Anything else we need to know?

_____

_____

Please email Jared Harriman at RetirePath for any questions or concerns at jared@retirepath.net or give our office a call (501) 904-5858 to discuss over the phone or set an appointment to come meet in person to discuss your home and auto coverages.

TRAVELERS

FOREMOST INSURANCE GROUP

Safeco Insurance A Liberty Mutual Company

PROGRESSIVE

National General Insurance

Secondary Home:

Address:_____

How many stories is the home?_____ How many square feet?_____

Year Built:_____ Date of Purchase (Month/Year): _____

Roof Age:_____Roof Type: _____

Foundation Type:_____ (Slab, Pier, Open/Closed Crawl Space, Other)

Number of Full Baths:_____ Number of half baths:_____

Any Updates? (please include year of update):

Roof_____ HVAC:_____

Plumbing:_____ Electrical:_____

Payment: Escrow? Yes or No (Circle) Mortgage Loan #:_____

First Mortgagee Bank Address: _____

Non Escrow Payment Option: Pay in Full or Monthly EFT (Circle)

Bank Information:

Checking Account #:_____ Routing Account #:_____

Home Claims:

Date of Accident(s)_____ Amount Paid:_____

Date of Accident(s)_____ Amount Paid:_____

Notes:_____

_____