

8050 Beckett Center Drive, Suite 118, West Chester, Ohio 45069

Phone: (844) GOGGIN-1 **Email:** goggininsurance@gmail.com

Website: www.goggininsurance.com

Tell us about yourself

Name _____ Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Email _____
 Date of Birth _____ Drivers License # _____ Social Security # _____
 Marital Status _____

Tell us about your spouse

Spouse Name _____ Cell Phone _____ Email _____
 Date of Birth _____ Drivers License # _____ Social Security # _____

Tell us about your current auto policy

Company _____ Policy # _____ Premium _____ Monthly 6 Month Annual
 How long have you been with current company? _____ Current Bodily Injury Liability Limits _____
 Current Property Damage Liability Limits _____ Collision Deductible _____ Comprehensive Deductible _____

Tell us about your cars

Year _____ Make _____ Model _____
 VIN _____ Odometer _____
 Annual Mileage _____ Own Lease Financed
 Year _____ Make _____ Model _____
 VIN _____ Odometer _____
 Annual Mileage _____ Own Lease Financed
 Year _____ Make _____ Model _____
 VIN _____ Odometer _____
 Annual Mileage _____ Own Lease Financed

Tell us about the drivers on the policy

Are there any other drivers besides you and your spouse that need to be listed on this policy?

Name _____ Date of Birth _____
 Driver License # _____ Relationship _____
 Name _____ Date of Birth _____
 Driver License # _____ Relationship _____
 Name _____ Date of Birth _____
 Driver License # _____ Relationship _____

Have any drivers had accidents or tickets within the last five years?
 Yes/No If yes, please describe.

Tell us about your current property policy

Homeowner Condo Renters
 Company _____ Policy # _____
 Premium _____ Monthly Annual Self-pay Escrow
 How long have you been with current company? _____
 Mortgage Company _____
 Date of Purchase or Closing Date _____
 Current Liability Limits _____
 Current Deductibles _____

Tell us about your home

Single Family Multi-family Condo Apartment
 When was your roof last replaced? _____
 Is there a basement? Full Partial None
 Is basement finished? Yes/No % _____
 Is there a pool or hot tub? _____
 Is there a trampoline? _____
 Do you own any expensive items (over \$5000) that need to be scheduled separately? _____
 # of total occupants (including children) _____
 Is there anything on your property that would be of concern during an inspection such as missing shingles or siding?

Do you have any other items that need to be insured?

Secondary home/condo Motorcycle
 Rental properties RV
 Boat Jet Ski

