

Smart Choice - EZLynx - Data Gathering Form

Applicant Info

First Name _____ Last Name _____
Address _____
City _____ ST _____ Zip _____
Gender _____ DOB _____ SSN _____ Marital Status _____
DL# _____ DL State _____ DL Status _____
Education _____
Industry / Yrs _____ Occupation / Yrs _____

Primary Address

Address Type _____ *Home Mailing Office Billing Seasonal Rental Business Other*
Address _____
City _____ ST _____ Zip _____
County _____ Time at Current Address _____ yrs _____ mo
Phone Number _____ Email _____

Auto

Policy Info

Prior Policy Carrier _____ *Prior* Exp Date _____
Prior Liability Lim. _____ *Prior* Policy Term 6 mo 12 mo *Prior* Policy Premium _____
Time w/ *Prior* Carrier _____ yrs _____ mo (1-15 and More than 15) Time w/ Continuous Coverage _____ yrs _____ mo
Credit Check & Underwriting reports Authorized (Yes or No) _____
New Policy Term 6 mo 12 mo New Package _____ New Policy Effective Date _____

Driver info (fillable from contacts)

First Name _____ Last Name _____
Gender _____ DOB _____ SSN _____ Marital Status _____
DL# _____ DL State _____ DL Status _____
Relationship _____ Age Licensed _____
Occupation _____ Industry _____
License Suspended or Revoked in the last five years? (Yes or No) _____

Vehicles

VIN # _____ Year _____ Current Odometer _____
Make _____ Vehicle Use _____ *Business | Farming | Pleasure
To/From Work | To/From School
Standard | Sports*
Model _____ Performance _____ *Intermediate | High Performance*
Is Car New Yes No Annual Miles _____ Ownership Type _____ *Owned | Leased | Lien*

Incidents

Accidents

Date _____ Driver _____ Vehicle involved _____
Description _____ *At Fault WITH Injury | At Fault w/ NO Injury | Not at Fault*
PD amt \$ _____ BI amt \$ _____ MP amt \$ _____ Coll amt \$ _____

Violations

Date _____ Driver _____ Vehicle involved _____

Description _____

Coverage

Comp Deductible _____ Coll Ded _____ Towing & Labor Ded _____ Ext Trans Expense _____

BI Coverage _____ UM _____ UIM _____ PD _____ MP _____

Residence Is _____ Has company car insured elsewhere Multipolicy Discount

*Home (Owned) | Condo (Owned) | Apartment | Other Rental
Home/Condo | Mobile Home | Live w/Parents*

AAA Membership Discount Retirement Community

HOME

Policy form _____ Credit Check & Underwriting reports Authorized Yes | No Prior Policy Expiration Date _____

Prior Carrier _____ Prior Policy Premium _____

Time w/ Prior Carrier _____ yrs _____ mo (1-15 and More than 15) Time w/ Continuous Coverage _____ yrs _____ mo

Quote as pkg Y/N Yes No New Policy Effective Date _____ Is there a business or daycare on the premises? Yes No

Has property insurance been cancelled,declined or non-renewed in the last 5 yrs? Yes No Are there dogs on the premises? Yes No

Is the home under construction? Yes No Trampoline? Yes No Is there a swimming pool on the premises? Yes No

Dwelling Info

Dwelling Usage _____ Dwelling Type _____ Number of Stories _____ Square Footage _____

Protection Class _____ Exterior Walls _____ Year Built _____

Within Fire District Yes No Roof Type _____ Inside City Limits Yes No

Feet from Hydrant _____ Heating Type _____ Construction Style _____

Dist. from Fire Station _____ Miles Fire Detection _____ Sprinkler _____ Smoke Detector _____

Foundation _____ Baths _____ Burglar Alarm? Yes No Dead Bolts? Yes No

Porch _____ Deck _____ Garage _____

Fireplace Yes No If yes, how many? _____ Wood Burning Stove? Yes No If yes, how many? _____

Updated Systems

Heating Update _____ Electrical Update _____ Plumbing Update _____ Roofing Update _____

Yr Updated _____ Yr Updated _____ Yr Updated _____ Yr Updated _____

Credits

Multipolicy Discount _____ Non-Smoker _____ Retirees Credit _____ Mature Discount _____ Retirement Community _____

Protective Devices _____ Visible to Neighbor _____ Manned Security _____ Gated Community _____ Limited Access Community _____

Coverages

Dwelling _____ Est. Replacement Cost _____ Personal Property _____

Loss of Use _____ Personal Liability _____ Medical Payments _____

All Perils Deductible _____ Theft Deductible _____ Wind Deductible _____

Endorsements

Losses

Loss Date _____ Amount _____ CAT Loss? _____

Loss Description _____