

Brubaker & Associates

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Personal Insurance Proposal Request

Name:								
Address:					Email:			
City:			State:		Zip Code:			
Home Phone Number:			Work Phone Number:		Cell Phone Number:			
Auto Insurance								
Auto Insurance	Current Insurance Carrier:				Expiration Date:		Premium:	
Car No.	Year	Make	Model	One-Way Millage	Annual Millage	Driver Name		
1								
2								
3								
4								
Driver Name		Age	Marital Status	Occupation	Full Time Student	Good Student Discount	# of Tickets in the last 3 years	# of Accidents in the last 5 years
Current Coverage Limits:								
BI/PD:		Medical:		Uninsured Motorist:		Comp Ded:	Coll Ded:	
Personal Home Insurance								
Personal Home Insurance	Current Insurance Carrier:				Expiration Date:		Premium:	
Personal Home Insurance	Current Coverage Amount:			Liability Limit:	Deductible:	Year Built:		
Construction Type: <input type="checkbox"/> Stucco <input type="checkbox"/> Siding <input type="checkbox"/> Brick <input type="checkbox"/> Other				Number of Stories:	Alarm Systems: <input type="checkbox"/> Local <input type="checkbox"/> Central		Square Feet:	
Type of Construction: <input type="checkbox"/> Luxury <input type="checkbox"/> Custom <input type="checkbox"/> Standard				Patio? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what size	Deck: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what size			
Type of Roof: <input type="checkbox"/> Wood Shake <input type="checkbox"/> Tile <input type="checkbox"/> Comp <input type="checkbox"/> Metal <input type="checkbox"/> Other					Number of Fireplaces:		Central Air <input type="checkbox"/> Yes <input type="checkbox"/> No	
Swimming Pool/Jacuzzi:			Number of Bedrooms:		Number of Bathrooms: Full: _____ Half: _____			
Custom Features: <input type="checkbox"/> Built - Ins <input type="checkbox"/> Custom Cabinetry <input type="checkbox"/> Upgraded Flooring <input type="checkbox"/> Upgraded Counter Tops								
Any Losses with in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of loss and brief description:								
Umbrella Insurance								
Umbrella Insurance	<input type="checkbox"/> \$1 Million in Coverage		<input type="checkbox"/> \$2 Million in Coverage		Number of Homes:			
Umbrella Insurance	<input type="checkbox"/> \$3 Million in Coverage		<input type="checkbox"/> \$5 Million in Coverage		Number of Rental Property:			