

## NEW CLIENT INFORMATION SHEET

NAME:	DATE:
ADDRESS:	CITY, STATE, ZIP
HOME PHONE:	CELL:
EMAIL:	PREFERRED METHOD OF CONTACT:

PLEASE LIST ALL HOUSEHOLD OCCUPANTS

NAME	RELATION	DATE OF BIRTH	ARE THEY LICENSED
	Self		

Your place of employment: \_\_\_\_\_ Title: \_\_\_\_\_

Spouses employment: \_\_\_\_\_ Title: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

**Please check if you have the following:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="radio"/> <b>Life insurance</b></li> <li><input type="radio"/> <b>Health insurance</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> <b>Retirement</b></li> <li><input type="radio"/> <b>401 K's left with old employers</b></li> </ul> |
|--|---|

### NEIGHBORS HELPING NEIGHBORS PROGRAM

Your neighbors would call 911 if your house was burning down. We would ask that they call us too. We would like to send a letter out requesting that they do so.

NAME	ADDRESS	PHONE

I give CSA INSURANCE GROUP permission to send a letter (if filled out) out informing my neighbors that I have obtained coverage through their agency. \_\_\_\_\_

### WE HAVE A REFERRAL PROGRAM!!

If you send someone to our agency to get a quote we will enter your name in our \$50.00 monthly drawing. At the end of the year we will draw out one lucky person to win \$250.00.

## IMPORTANT INFORMATION ABOUT YOUR POLICIES:

We recommend that each person carries *at minimum* \$100,000/\$300,000 bodily injury liability limits on each vehicle they insure. This coverage protects you up to your policy limits for bodily injury or death caused by a liable driver. It also protects you from uninsured and underinsured motorists if you have UM/UIM coverage. Even this coverage may not be sufficient in the event of a serious accident. Please also consider a personal umbrella liability policy.

\_\_\_\_\_ Initial

We offer towing, rental reimbursement, gap insurance, death and dismemberment, and enhancement endorsements on most auto policies. If we didn't talk about it, it's NOT on your policy. Please ask us if you want to add these coverage's and we can adjust.

\_\_\_\_\_ Initial

COVERAGE	RECOMMENDED	REQUESTED
<b>BODILY INJURY-PROPERTY DAMAGE</b>	100/300/100 MINIMUM	
MEDICAL EXPENSE	5,000 MINIMUM	
COMPREHENSIVE	\$250 (IF WANTED)	
COLLISION	\$500 (IF WANTED)	
UNINSURED MOTORIST	100/300 MINIMUM	
UNINSURED MOTORIST PROPERTY DAMAGE	IF LIABILITY ONLY	
TOWING	IF FULL COVERAGE	
RENTAL	IF FULL COVERAGE	
<b>PREMIUM</b>		

It is your responsibility to decide if you want any coverage not state-mandated.

-----  
Sign here for requested coverage

## IMPORTANT INFORMATION ABOUT YOUR HOMEOWNER'S POLICY:

Please be aware of the internal limits & restrictions on your homeowner's policy. There are some coverage's that have a limited amount payable. If you have any business use of your home, including daycare, please let us know so that we can cover you appropriately. Your policy may NOT include replacement cost on your personal property. Please contact us and we can offer that to you. Please tell us if you make any improvements to your home. Also contact us so that we may review your policy to make sure that you are fully protected. This will help avoid underinsuring your home.

----- Initial

## IMPORTANT INFORMATION ABOUT OUR AGENCY:

We are a multi-line agency that can insure all of your basic needs. Please note that in addition to home and auto insurance we offer life insurance, business insurance, employee benefits and much more.

**Please sign here to acknowledge that you understand the above information on this form:**

\_\_\_\_\_