

⊖ Auto Fact Finder ⊖

For a no-obligation quote, fax this form to your agent:

Insurance Center of Buffalo

Fax: 763-684-5278

Phone: 763-682-4890

Name _____

Email _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Are you a graduate of a 4-year college _____ Are you a member of AARP _____

Auto Insurance

Auto Policy Expiration Date _____

Present Insurance Company _____ Current Premium _____

Current Limits of Liability (please circle) 30/60/25 50/100/50 100/300/100 250/500/250

Present Deductible (please circle) \$250 \$500 \$1000

Social Security Number: _____ _____

DRIVERS IN HOUSEHOLD						
Name	Date of Birth	Driver's License Number	Sex	Marital Status	Number of Tickets	Number of Claims

ALL VEHICLES IN HOUSEHOLD								
Year	Make	Model	Who Drives	Where Parked	Miles to Work/School	Airbag Locations	Anti-Lock Brakes Y/N	Alarm Y/N

Vehicle Identification numbers

- #1 _____ Full coverage or Liability only?
- #2 _____ Full coverage or Liability only?
- #3 _____ Full coverage or Liability only?

OR attaching copies of your auto insurance declaration page is also very helpful

⌘ Home Fact Finder ⌘

For a no-obligation quote, fax this form to your agent:

Insurance Center of Buffalo

Fax: 763-684-5278

Phone: 763-682-4890

Name _____ Email _____
Street Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Occupation _____
Occupation _____

Home Insurance

Home Policy Expiration Date _____ or Closing date _____

Present Insurance Company _____

Current Premium _____ Do you pay your premium _____ or is it escrowed _____

Are you a graduate of a 4-year college _____ Are you a member of AARP _____

Concerned about Identity Theft? Our homeowners, renters, and condo policies include Identity Theft Coverage.

I want to insure a Home Condo or Town home Other _____

Current Dwelling Coverage Amount _____

Liability (please circle) 100,000 300,000 500,000 1,000,000

Deductible (please circle) 250 500 1000 2,500 5,000

Value of Contents (renters only) _____ Years at current address _____

Style of Home _____ (ex: rambler, bi-level) Square Feet _____

Year Built _____ Age of: Roof _____ Electrical _____ Plumbing _____ Heating _____

Number of baths: Full _____ Half _____ Claims in last 3 years _____

Distance to Fire Hydrant _____ Miles to Fire Department _____

Do you have: dead bolts _____ fire extinguisher _____ fire alarm _____
local burglar alarm _____ Central burglar alarm _____

Do you have: a trampoline _____ woodstove/corn burner _____ swimming pool _____
animals; dogs/cats _____ if so, what breed: _____

Value of property you want to schedule such as jewelry, fine art, or expensive computer equipment _____

Attaching a copy of your declaration pages can also be very helpful

Insurance Center of Buffalo

P O Box 458

Buffalo MN 55313

www.insurancecenterofbuffalo.com