

# Pacific Benefit Planners

Employee Benefits and Risk Management

**Quote Request:** Please fax your completed form to 541-341-1354.

Name: \_\_\_\_\_ 2<sup>nd</sup> Insured Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Directions:** Download and fill out the sections that correspond to the quotes you are interested in receiving. For your security, fax your completed form to 541-341-1354. Call Pacific Benefit Planners, 1-866-341-3478, with any questions.

## Home/Renters

Please complete the following sections and attach copies of your current insurance policy/ies.

Evening Phone	
Move In Month/Year	
Year Built	
Frame Type	Wood / Brick / Adobe
Roof Material	Asphalt / Tile / Shake /Other
Roof Update Year	
Foundation	Slab / Found / Basement
Square Feet	
Units In Building	
Stories	
Garage	Yes / No
Attached	Yes / No
Cars	1 2 3 4
Heat Source	Gas Electric Other
Aux. Heat Source	Yes / No Type:
Fireplace	0 1 2 3 4
Wood Stove	Yes / No
Deck Dimensions (sq ft)	<100 100-300 >300
Deck Material	

Bedrooms	1	2	3	4	5	6	
Full Baths	1	2	3	4	5	6	
Half Baths	0	1	2	3	4	5	6
Swimming Pool	Yes / No						
Vicious Animals	Yes / No						
Electric Update Year							
Plumbing Update Year							
Heat Update Year							
% Carpeted							
% Tile Floors							
% Vinyl Floors							
% Wall Paper							
Skylights	0	1	2	3	4	5	6
Inside Laundry	Yes / No						
Alarm System	Yes / No						
Interior Sprinklers	Yes / No						
Visible to Neighbors	Yes / No						
Visible From Road	Yes / No						
Umbrella Coverage	No	\$1m	\$2m	\$3m	\$4m	\$5m	

## Auto

Please complete the following sections and attach copies of:

1. Driver's License or Permit for each listed driver.
2. Vehicle Registration for each listed vehicle.
3. Your current insurance policy/ies.

### Licensed and Permitted Driver Info

First Name	Last Name	Gender	DOB:	SSN:	DL#:	Relation

Good Student's GPA: \_\_\_\_\_

### Vehicles:

Year/Make	% Use	Driver	Mileage	VIN:	Lien Holder	Loan #:

## Life / Disability Supplement

Smoker	Yes / No
Health Issues	
Past Health Issues	
Other Policies	Term / Whole / Variable Amount:
Annual Salary	

