APTERIAN
INSURANCE WORKING FOR YOU

Client Profile & Insurance Quote Request

Please complete the information below. Select all insurance products you are interested in. Enter N/A where a question does not apply.

1. Personal Information

First and Last Name _____

Date of Birth _____

Phone Number _____

Email Address _____

Current Street Address _____

City, State, ZIP Code _____

Marital Status _____

Spouse Name _____

Spouse Date of Birth _____

Preferred Method of Contact _____

2. Insurance Requested

Select all that apply:

- ☐ Auto Insurance
- ☐ Homeowners Insurance
- ☐ Renters Insurance
- ☐ Condo Insurance

Requested Effective Date _____

Are you currently insured? (Yes/No) _____

Current Insurance Company _____

Current Policy Expiration Date _____

3. Auto Insurance (If Applicable)

1. Number of Vehicles _____
2. Vehicle Year, Make, and Model
3. VIN (if available)
4. Number of Drivers _____
5. Names and Dates of Birth of Drivers
6. Have any drivers had accidents or tickets in the past five years? (Yes/No) _____

4. Homeowners Insurance (If Applicable)

1. Property Address _____
2. Year Built _____
3. Approximate Square Footage _____
4. Property Type (Single-Family, Townhouse, Condo, etc.) _____
5. Is This Your Primary Residence? (Yes/No) _____
6. Is There a Mortgage on the Property? (Yes/No) _____
7. Mortgage Company (Address & Phone)

5. Renters Insurance (If Applicable)

1. Rental Property Address _____
2. Apartment or Unit Number _____
3. Landlord or Property Management Company _____
4. Approximate Value of Personal Belongings _____
5. Number of Occupants _____

6. Coverage Preferences

1. What Is Most Important to You?

- ☐ Lowest Available Premium
- ☐ Maximum Coverage and Protection
- ☐ Balance Between Price and Coverage
- ☐ Professional Recommendation

2. Are You Interested in Bundling Auto and Home/Renters Insurance? (Yes/No) _____

3. Additional Information or Special Requests

7. Customer Authorization

Customer Acknowledgment

I certify that the information provided is accurate to the best of my knowledge. I authorize Apterian Insurance to contact me regarding my insurance needs and use the information provided to begin obtaining insurance quotes from applicable insurance carriers.

I understand that additional information may be required to complete the quoting process and that submitting this form does not establish insurance coverage.

Customer Name _____

Electronic Signature _____

Date _____

Already have insurance? Upload your current declarations page.