



Homeowners Insurance -Primary

Name of Applicant: _____ Occupation: _____ DOB: _____

Co-applicant: _____ Occupation: _____ DOB: _____

Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Effective Date: _____ Deductible: _____ Owner Occupied: [Yes___ | No ___]

Year Built: _____ No. of Floors: _____ Major Renovations Year: _____

Square Footage of Living Space: _____ No. of Bathrooms: _____

Roof Material Type: _____ Age of Roof: _____

Burglar Alarm: [Yes___ | No___] Ceiling Fire Sprinklers: [Yes___ | No ___]

Garage Type (Indicate # of Cars): [___ -Car Detached | ___ -Car Attached]

Description of Exterior (e.g., stucco on frame): _____

Description of Flooring (e.g., 60% carpet and 40% tile): _____

Please indicate a check mark(s) next to features of your house:

Basement Skylights High Ceilings Wood Deck AC

French Doors Fireplace How Many? ___ Hot tub/spa Porch

Swimming Pool Jacuzzi Wet Bar Breezeway Balcony

Patio Cover Skylights Bay Windows

Describe other features not mentioned above and/or any claims/losses at this property:

Fax completed form to **714-782-5637** or email to **llee@navionins.com**

Thank you for your submission.



AUTO QUICK QUOTE



Name: _____

Date of Birth: _____ Lic. #/ State: _____ / _____

Address: _____

Phone# _____ Email: _____ Married/Single _____

Spouse Name: _____

Date of Birth: _____ Lic. #/ State: _____ / _____

Car 1: (Year, Make & Model): _____ / _____ / _____

Vehicle ID #: _____ Annual Miles: _____

Car 2: (Year, Make & Model): _____ / _____ / _____

Vehicle ID #: _____ Annual Miles: _____

One way miles to work: _____ Car Usage: _____

Spouse one way miles to work: _____ Car Usage: _____

Please list any traffic violations or accidents in the past six years:

Date: _____ Incident type: _____

Date: _____ Incident type: _____

Date: _____ Incident type: _____

Please attach a copy of current policy limits or complete the following:

Liability Limits: (\$____,000/ \$____,000/ \$____,000)

Uninsured Motorist (BI/ PD): (\$____,000/ \$____,000)

Towing (Y/N): _____ Rental Car (Y/N): _____

Comprehensive Deductible: _____

Collision Deductible: _____

Please list college degree major and/or professional licenses: _____

Fax completed form to **714-782-5637** or email to **llee@navionins.com**

