

Fortman Insurance Services



Managing Risks. Protecting Assets.

www.fortmanins.com

OTTAWA

614 N. Perry, St. Rt. 65
P.O. Box 364
Ottawa, OH 45875
Tel: 419-523-4500
800-686-4500
Fax: 419-523-0045

BLUFFTON

115 N. Main St.
Bluffton, OH 45817
Tel: 419-358-4600
Fax: 419-358-0046

For a Free, No Obligation HOME Insurance Quote

Please complete this form with your current policy information. Once completed, please return it in the enclosed postage paid envelope. Or, if you prefer, please call us at 419-358-4600 and we will be happy to collect the necessary information over the phone.

Date: _____

Name: _____ *Social Security #: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Circle Best Time to Call: Morning Afternoon Evening Weekend

Please list any claims you have had on this address or any previous addresses in the past 5 years.

Date	Type of Claim	\$ Amount of Claim Paid

Responding Fire Department: _____ How many miles away? _____

Are you within city limits? Yes No

Is there a fire hydrant with 1,000 feet of your home? Yes No

Do you have any of the following:

Wood or coal burning furnace / stove Yes No Number of fireplaces: _____

Trampoline Yes No If yes: Safety Net Yes No

Swimming Pool Yes No If yes: Above Ground Yes No

In ground Yes No Fenced in yard Yes No

Alarm Systems Yes No

Smoke detector Deadbolt Central Fire Central Burglar

Do you have pets? Yes No If dogs, please include breed _____

Property • Casualty • Health • Life • Commercial • Farm

House Information

Brick Structure Frame Structure

Year Built: _____ Number of Stories: _____ Number of Square Feet: _____

Number of Full bathrooms: _____ Number of half bathrooms: _____

Type of Foundation: Crawlspace Slab Finished Basement Unfinished Basement

Do you have a garage? Yes No

If Yes: Attached Detached 1 Car 2 car 3 car

Central Air Conditioning: Yes No

Recent Updates:	Type	Date
Plumbing		
Electric		
Heat		
Roof		

Current Coverages	Current Insurance Company:
Deductible:	
Dwelling:	How long have you been with this company?
Other Structure:	Policy Expiration Date:
Personal Property:	Scheduled Personal Property: <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of use:	(Jewelry, Art, Collectibles)
Personal Liability:	Please list type and value of property:
Medical Payments:	

Mobile Homeowners	
Year:	Length:
Make:	Width:
Model:	Value of Mobile Home:

Fortman Insurance has five property & casualty agents to serve you! Please feel free to contact any member of the Fortman Property & Casualty team!

John Fortman – jkfortman@fortmanins.com

Amy Baker – abaker@fortmanins.com

Pam Eickholt – peickholt@fortmanins.com

Zack Fortman – zfortman@fortmanins.com

Dale Metzger – dmetzger@fortmanins.com

Thank you for taking the time to complete this form. *In order to obtain an accurate quote for you, we will order an insurance score from consumer reporting agencies and confirm each driver's driving record (MVR) and claims history (CLUE). We will run quotes with the auto companies we represent and call you.