



Pruitt Insurance Services, Inc

Account Survey

Section A - General Information

Name: _____
 Address/City/State/Zip _____
 Phone Number _____ Work Number _____
 Email Address _____

Section B - Automobile

List of all owned vehicles

Unit No.	Year	Make & Model	VIN Number	Use*
1				
2				
3				
4				
5				

*Pleasure Class (PC), To/From Work >10miles (>10) or To/From Work<10miles (<10)

Current Auto Coverage Information

Bodily Injury Liability Limit	
Property Damage Liability Limit	
Medical Payments	
Comprehensive Deductible	
Collision Deductible	
Towing & Labor	
Extended Transportation Expense	
Uninsured / Underinsured Liability Limit	
Other Coverage	

All household members 16 years old or older

Name	Driver's License Number/State	Date of Birth

Auto Underwriting Questions - If yes, please provide details

Any Prior Auto Claims in the past 5 years?	
Any Tickets in the last 5 years?	
Any Accidents in the last 5 years?	

Section C - Homeowner's Insurance

Dwelling Coverage	
Other Structures	
Personal Property	
Loss of Use	
Liability Coverage	
Medical Payments	
Scheduled Items	
Water/Sewer Backup	
Identity Theft Recovery	
Earthquake Coverage	
Deductible	

Home Underwriting Questions

Any Prior Home Claims in the past 5 years?	
Any Pets or Animals in household?	
Do you have an Alarm System?	
Exterior Construction	
Heated Square Feet	
Year Home Built	
If home over 20 years, updates required	Date updated/replaced Roof _____ HVAC _____ Electrical _____ Plumbing _____

Any additional information:

I would be interested in more information regarding:

- Excess Liability
- Boat / Yacht Insurance
- Motorcycle Insurance
- Business Insurance
- Life Insurance
- Health Insurance
- Other _____

Please return the completed form to fax 704-759-1001. If you have your current policy Declaration Pages, please also attach a copy.

