



**AUTO
HOME
LIFE
DISABILITY
HEALTH**

Red Rock Insurance Group, LLC
What if | Answers
 P. O. Box 43785
 Birmingham, AL 35243
 Office: 205.970.2187
 Fax: 205.970.2189
 info@rragency.com

General Information

	Primary Insured (<i>Driver 1</i>)	Spouse (<i>Driver 2</i>)	
Full Legal Name:			
Date of Birth:			
Drivers License Number:		State:	State:
Social Security Number:			
Email address:			
Cell Phone:			
Work Phone:			
Employer:			
Job Duties or Title:			
Property Address:		Home Phone:	
		Miscellaneous information:	
Mailing Address- Same as above?:			

Homeowner's Information:

Information used to Estimate Reconstruction Cost:

Number of Stories (exclude basement):	
Estimated year the house was built:	
Estimated purchase date:	
Square footage of first story:	
Is there a basement:	Yes No
If yes, what % is finished:	%
Is the house on slab or crawlspace:	
How many cars fit in the garage:	
Where is the garage located:	
How many full bathrooms:	
How many half bathrooms:	
How many bedrooms:	
Is there a porch:	Yes No
Estimated square feet of porch:	
Exterior wall finish: If not listed please describe:	> 66% brick Brick & Siding All Siding Other
Is there a fire and burglar alarm:	Yes No
Does it signal an alarm company:	Yes No
Is there a homeowners association:	Yes No

Current Coverage's:

Current Insurance Company:	
Dwelling:	
Other Structures:	
Personal Property:	
Loss of Use:	
Personal Liability:	
Medical Payments:	
Deductible:	
Jewelry Floater:	
Silverware Floater:	
Gun Floater:	
Any other items over \$1500:	Describe in Comments
Earthquake Coverage:	Yes No
Flood Insurance:	Yes No
Sinkhole coverage:	Yes No
Current Annual Premium:	

Is there a mortgage:	Yes No
Is your insurance escrowed:	Yes No
Who is the mortgage company:	
What is the loan number:	

Other Comments:

Other Comments:



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Automobile Information

Other drivers in the household:	Driver 3	Driver 4	Driver 5
Full Legal Name:			
Relation to Primary insured:			
Date of Birth:			
Drivers License Number:	State:	State:	State:
Social Security Number:			
Email address:			
Cell phone number:			

Current auto insurance information OR quote request:

Current Auto Insurance Company:	
Bodily Injury Liability Limits:	
Property Damage Liability Limit:	
Uninsured/Underinsured Motorist Liability Limits:	
Medical Payments Limit:	

Vehicles:	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year:				
Make:				
Model:				
VIN#:				
Primary Driver:				
Vehicle Use:				
Comprehensive Deductible:				
Collision Deductible:				
Towing Coverage:				
Rental Car Coverage:				
Loan or Lease on Vehicle:	Yes No	Yes No	Yes No	Yes No
Lien holders name:				

Have any drivers had any accidents or tickets in the last 5 years:				Yes	No
Driver Involved	Estimated Date	Incident Type	Describe Details: (i.e. – “Hit in the rear by uninsured driver”)		

Total 6 month premium for all vehicles:	
How do you like to pay?	Monthly Quarterly Semiannually Annually
If monthly what is your monthly premium?	

Applying for insurance is not a guarantee of acceptance or a granting of coverage. There is no insurance coverage until you have been accepted and a binder has been issued after payment of premium.

Insurance Rates are regulated by the State of issuance. Representatives are not able to negotiate rates.

Please take appropriate security precautions when submitting this form as it contains personal and sensitive information.

Authorization

By submitting this application, you are authorizing Red Rock Insurance Group, LLC to obtain reports provided by independent consumer reporting agencies. These reports will be used to verify and supplement information you provide to us. You may request the name and address of the consumer reporting agency from whom we order the report(s) so you can obtain a copy. Examples of the type of consumer reports we may order include the following:

Motor Vehicle / Driving Record Reports

A Motor Vehicle Report (MVR) may be obtained from your state Motor Vehicle Department or from an independent consumer reporting agency that relies on such records. This report reflects the driving record information have on file for you or other operators under your policy, including accidents and motor vehicle violations.

Insurance Claim Reports

Insurance claim reports, such as C.L.U.E. (Comprehensive Loss Underwriting Exchange) and others, are provided by independent consumer reporting agencies that collect claims information from many insurance companies.

Insurance Scores

Insurance Scores are calculated using an analytical scoring model that objectively measures the relative likelihood of future insurance losses based on credit history files maintained by independent consumer reporting agencies.

The above consumer reports may be ordered in connection with the issuance, update, renewal or reinstatement of any policy and when seeking comparison quotes from the various companies we represent. By submitting this application, you are agreeing to allow Red Rock Insurance Group, LLC and its producers to access and review consumer reports on an ongoing basis as a part of our service to you.

You have the right to cancel this authorization at any time by contacting us in writing at: Red Rock Insurance Group, LLC P. O. Box 43785 Birmingham, AL 35243 Fax: 205-970-2189 Email: underwriting@rragency.com

Please note that canceling your authorization may hinder Red Rock Insurance Group's ability to secure the best price or appropriate underwriting for your policy.