

CLOVIS INSURANCE AGENCY QUOTE REQUIREMENTS

Referred by: _____

Clovis Insurance Agency is committed to giving you an accurate quote the first time. We are unlike the other agencies who fail to obtain all of your information up front and usually end up changing their story after you waste a lot of time listening to a sales pitch. Here is a list of what we will need (other agencies will tell you they need this after they give you a guess) in order to serve your insurance needs. We cannot begin the quote process without this information as we refuse to waste your valuable time. **If you want a professional agent, Fax this completed form to 559-298-4036.**

The real benefit to you is that you can use this form with every agency or company from which you obtain quotes to ensure accuracy of comparison.

FOR ALL QUOTE TYPES

NAME OF EVERY RESIDENT BIRTHDATE DRIVER'S LIC # SOCIAL SECURITY # OCCUPATION / EMPLOYER/SCHOOL NAME AND ADDRESS

<u>1</u>					
<u>2</u>					
<u>3</u>					
<u>4</u>					
<u>5</u>					
<u>6</u>					

Residence
Address _____ **City** _____ **State** _____ **ZipCode** _____

PHONE #'s **HOME** _____ **WORK** _____ **CELL** _____

E-mail Address: _____

How many years at this address? _____ (IF LESS THAN 2 YEARS, PRIOR ADDRESS(ES) WILL BE REQUIRED BY ALL COMPANIES)

MOTOR VEHICLE &/OR CLUE REPORTS WILL BE ORDERED BY AN INSURANCE COMPANY BASED ON THE ABOVE INFORMATION.

For Automobile/Motorhome/Motorcycle Coverage Quotes

For All Vehicles (Copies of the registrations and current odometer readings will be required and are usually the best way to obtain accurate information. There may also be a requirement for photographs of a vehicle to be taken depending on the company.)

Year	Make	Model	Vehicle ID #	Driver	Annual Milg	Odometer	One way to work?

Has any driver had ANY major violations(such as DUI, Reckless Driving, Wet Reckless, etc.) in their lifetime? Yes No
 If yes, you are required to provide the name of the driver & the year(or date if known) of the violation.

Has any driver had a ticket or accident(regardless of fault) in the past 5 years? Yes No
 If yes, you are required to provide the name of the driver & the year(or date if known) of the violation or accident.

Have there been any claims in the past 5 years, including glass, towing, theft, vandalism, etc.? Yes No
 If yes, you are required to provide the year(or date if known) of the incident.

Is there any business use of the vehicles such as service, delivery, or transportation of persons, or goods? Yes No
 If yes, you are required to provide the name of the driver & the type of business use involved.

Current Company _____ Expiration Date _____ Number of Years Insured _____

Current Coverage Limits(fill in or simply provide a copy of your current policy(ies))

Bodily Injury Per Person / Per Accident _____ Property Damage _____ Uninsured Motorist Per Person / Per Accident _____ Medical _____
Car 1 Car 2 Car 3 Car 4 Car 1 Car 2 Car 3 Car 4
 Comprehensive Deductible(s) _____ Collision Deductible(s) _____
 Towing Limit _____ Rental Reimbursement _____/Day _____/Total

In order to obtain the highest discount possible a Letter of Experience and/or copies of prior policies for the past 5 years are required. You should contact your prior and current insurance companies for this information. You may save as much as 25% off your rates. Also, copies of Engineering Degree, Teaching credential, Medical Degree and proof of corresponding professional association Membership can save as much as 15% more.

Clovis Insurance Agency, Inc.
Clovis Insurance Agency
Privacy Policy Notice
(as of July 1, 2001)

PURPOSE OF THIS NOTICE

Title V of the Gramm-Leach-Bliley Act (GLBA) and the laws of the State of California, generally prohibit us from sharing nonpublic personal information about you with a third party unless we provide you with this notice of our privacy policies and practices describing the type of information that we collect about you and the categories of persons or entities to whom that information may be disclosed. In compliance with the GLBA and the laws of this State, we are providing you with this document, which notifies you of the privacy policies and practices of **Clovis Insurance Agency**.

OUR PRIVACY POLICIES AND PRACTICES

1. Information we collect:

A. Categories of Information Collected and Sources From Which We Collect It

We collect nonpublic personal information about you from the following sources:

Information we receive from you on applications or other forms.

Information about your transactions with us, our affiliates or others.

Information we receive from a consumer reporting agency.

Information we receive from medical records or medical professionals.

Information we receive from personal interviews with neighbors, friends, associates or other acquaintances;

B. Persons From Whom Information is Collected

We may collect nonpublic personal information from individuals other than those proposed for coverage.

2. Information we may disclose to third parties:

We do not disclose information about you to third parties whose only use of the information is to market a product or service. However, in the course of our general business practices, we may disclose the information that we collect (as described above) about you or others without your permission to the following types of institutions for the reasons describe below:

To a third party if the disclosure will enable that party to perform a business, professional or insurance function for us;

To an insurance institution, agent, or credit reporting agency in order to detect or prevent criminal activity, fraud or misrepresentation in connection with an insurance transaction;

To an insurance institution, agent, or credit reporting agency for either this agency or the entity to whom we disclose the information to perform a function in connection with an insurance transaction involving you;

To a medical care institution or medical professional in order to verify coverage or benefits, inform you of a medical problem of which you may not be aware, or conduct an audit that would enable us to verify treatment;

To an insurance regulatory authority, law enforcement, or other governmental authority in order to protect our interests in preventing or prosecuting fraud, or if we believe that you have conducted illegal activities;

To a group policyholder for the purpose of reporting claims experience or conducting an audit of our operations or services;

3. Your right to access and amend your personal information:

You have the right to request access to the personal information that we record about you. Your right includes the right to know the source of the information and the identity of the persons, institutions or types of institutions to whom we have disclosed such information within 2 years prior to your request. Your right includes the right to view such information and copy it in person, or request that a copy of it be sent to you by mail (for which we may charge you a reasonable fee to cover our costs). Your right also includes the right to request corrections, amendments or deletions of any information in our possession. The procedures that you must follow to request access to or an amendment of your information are as follows:

To obtain access to your information:

You should submit a request in writing to Carbrrie Fox, President / Clovis Insurance Agency, Inc. / 134 Bullard Avenue / Clovis, CA 93612. The request should include your name, address, social security number, telephone number, and the recorded information to which you would like access. The request should state whether you would like access in person or a copy of the information sent to you by mail. Upon receipt of your request, we will contact you within 30 business days to arrange providing you with access in person or the copies that you have requested.

To correct, amend, or delete any of your information:

You should submit a request in writing to Carbrrie Fox, President / Clovis Insurance Agency, Inc. / 134 Bullard Avenue / Clovis, CA 93612. The request should include your name, address, social security number, telephone number, the specific information in dispute, and the identity of document or record that contains the disputed information. Upon receipt of your request, we will contact you within 30 business days to notify you either that we have made the correction, amendment or deletion, or that we refuse to do so and the reasons for the refusal, which you will have an opportunity to challenge.

4. Our practices regarding information confidentiality and security:

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

5. Our policy regarding dispute resolution:

Any controversy or claim arising out of or relating to our privacy policy, or the breach thereof, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

6. Reservation of the right to disclose information in unforeseen circumstances:

In connection with the potential sale or transfer of its interests, Clovis Insurance Agency, Inc and its affiliates (if any) reserves the right to sell or transfer your information (including but not limited to your address, name, age, sex, zip code, state and country of residency and other information that you provide through other communications) to a third party entity that (1) concentrates its business in a similar practice or service; (2) agrees to be Clovis Insurance Agency, Inc's successor in interest with regard to the maintenance and protection of the information collected; and (3) agrees to the obligations of this privacy statement.

7. Customer acknowledgement and signature:

By signing my name below, I am indicating that I have read the privacy policy of Clovis Insurance Agency, Inc. and that I understand its terms. No promises or representations have been made to me to induce me to sign this form.

_____ Customer Signature

_____ Date

Since our founding in 1936, we have prided ourselves on our service to our clients and the community. That's why there is nothing more important to us than the protection of the privacy of your personal information!

Personal information about you may be collected from other persons or sources.

Such information, as well as other information collected by insurance organizations, may be disclosed, in accordance with the law, without your prior approval.

You have the right to review, and to correct any errors that might be contained in, any personal information we have collected.

We have included a copy of our complete privacy policy for you along with this notice.

EXPLANATION OF OPT OUT RIGHT

If you **do not** want us to attempt to obtain better coverage or better prices from a different insurance company when your policy comes up for renewal, you may tell us now. By "opting out", you will instruct us not to share or disclose any personal information with other insurance companies for the purpose of obtaining renewal quotations. If you wish to opt out, call us at 559-298-0881, or complete and return the enclosed form to us in the return envelope. We may share information about you for renewal purposes if we do not hear from you within 30 days. However, you may opt-out at any time. Just call or write us. Even if you opt-out, we may still disclose information as allowed by law.

Important Privacy Choices

Tear Here

Date: _____

- Please do not share my "non-public personal financial information" with another insurer in an effort to obtain a renewal policy or more favorable terms than my existing policy.**

Name: _____

Address: _____

Phone: _____

Signature: _____



CALIFORNIA INSURANCE SUPPLEMENT

CALIFORNIA DEPARTMENT OF INSURANCE RACE, NATIONAL ORIGIN & GENDER FORM COMMUNITY SERVICE STATEMENT

Company Name

_____ Policyholder Number (For New Business Only)

This information is requested by the State of California to monitor the insurer's compliance with the law. All new policyholders are requested to voluntarily provide the following information.

No such information shall be used for the purposes of underwriting or rating any policyholder.

Policyholder's Name and Address (to be provided in order to refer back to the policy)

Note: Use additional forms if needed.

Policy Type

- Fire - Personal Fire - Commercial
- Homeowners Commercial Multi Peril
- Private Passenger Auto Liability

If the policyholder does not wish to provide the Department of Insurance with this information, please check here.

Check the Race or National Origin as it applies to the policyholder(s). For the purpose of completing this form, the policyholder is defined as: an individual, spouse, domestic partner, or business partner(s) named on the policy.

	Policyholder		Co-Policyholder			
<u>Race/National Origin</u>	Male	Female	Business	Male	Female	Business
African-American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian / Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>