



FARMERS INSURANCE

ABBREVIATED FACT FINDER

Appointment Scheduled Y/N: _____

If Yes, Date: _____

Insured Information

Name: _____ Spouse Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email(s): _____

Household Information

Current Auto Carrier	Current Auto x-date	Current Auto Limits	Current Auto Deductibles
Current Home Carrier	Current Home x-date	Current Home Limits	Current Home Deductible

Living Situation: ☐ Rent ☐ Own ePolicy: ☐ Yes ☐ No

Residence Type: ☐ Apartment ☐ Home ☐ Townhouse/Condo ☐ Mobile Home

Drivers

Name	Occupation	Date of Birth	Drivers License Number

Vehicles

Year	Make	Model	VIN	Mileage

Possible 5% discount available if you own: ☐ Motorcycle ☐ ATV ☐ Golf Cart ☐ Personal Watercraft ☐ Motor Home ☐ Travel Trailer

Dwelling (Home and Renters Quotes)

Year Built: _____ Square Feet: _____ Number of Units (Apt, T/C): _____

Number of Stories: _____ Foundation: ☐ Basement ☐ Crawl Space ☐ Concrete Slab ☐ Post/Beam ☐ Other

Security/Safety: ☐ Deadbolt ☐ Burglar Alarm ☐ Sprinklers

Roof Type: ☐ Composite Shingle ☐ Composite Roll ☐ Tile ☐ Wood Shake ☐ Flat ☐ Other Roof Age: _____

Exterior Walls: ☐ Aluminum ☐ Vinyl ☐ Wood ☐ Stucco ☐ Brick Veneer ☐ Other

Exterior Features: ☐ Pool ☐ Deck ☐ Spa

Garage Type: ☐ Attached ☐ Detached ☐ N/A

Life Insurance

Insured #1: Name: _____ ☐ Smoker ☐ Non-Smoker Policy Type: ☐ Term ☐ Whole ☐ Other

Insured #2: Name: _____ ☐ Smoker ☐ Non-Smoker Policy Type: ☐ Term ☐ Whole ☐ Other

Losses/Claims (Auto, Home and Renters Quotes)

Enter details on any known claims or losses: _____