

Life moves fast. Here's a chance to let your insurance catch up.

As life changes, your insurance needs to change with it. Save yourself time and money by making sure you have the coverage that's just right for you. Complete the back side of this form, and call, mail or fax us for a free, no-obligation quote.



AUTO
HOME
FLOOD
IDENTITY THEFT PROTECTION
VALUABLE ITEMS

Capitol Benefits, LLC

220 Main Street, 2nd Floor
Gaithersburg, MD 20878
Phone: 301.431.0000
Fax: 240.465.0553
Email: info@capitolbenefits.com
Web site: www.capitolbenefits.com

Yes, I would like a free quote from **Capitol Benefits, LLC**

NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ BEST TIME TO CALL: MORNING AFTERNOON EVENING

AUTOMOBILE:

Vehicle Year	Make	Model	One-Way Commute/Annual Mileage	Business Use	
1. _____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
2. _____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
3. _____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> NO

DRIVERS IN HOUSEHOLD:

Name	Date of Birth	Married/Single	Relationship to you	License #	Occupation
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

DRIVING HISTORY (PAST 5 YEARS)

Has any driver had his/her license suspended or revoked? Yes No

If yes, please explain who, when and why: _____

Any accident or moving violations in the past five years whether you or someone else was at fault? Please list driver, date of incident and type of incident.

List all fire, theft, glass and/or vandalism losses. _____

Present Insurance Co.: _____ Expiration Date: _____ Annual Premium: \$ _____

Current Liability Limits: _____

PROPERTY:

Home Yr. Built: _____ Style/Number of stories: _____ Sq. Footage: _____

Attached Garage Built-in Garage Basement: _____ % finished

Condominium or Co-op

Renters

Construction: Wood Exterior Brick Veneer Solid Brick/Masonry Aluminum/Vinyl Siding Log Home Manufactured Home

Type of heat: Oil Gas Electric Wood/Coal/Pellet Stove Other _____

Feet from hydrant _____ Miles to fire station _____

Protection Devices: Smoke Detector Fire Extinguisher Dead Bolt Locks Monitored Fire Alarm Monitored Burglar Alarm

Present Insurance Co.: _____ Expiration Date: _____

Annual Premium: _____ Coverage Amt: \$ _____

Any losses in the last five years? If yes, please explain: _____

PLEASE CHECK HERE IF YOU ARE INTERESTED IN MORE INFORMATION ABOUT:

Personal Article Floater (jewelry, furs, fine arts, etc.) Personal Umbrella Liability Protection Replacement Cost Estimate of your home

Boat/Yacht Insurance Flood Insurance Special Programs for employee, association or affinity groups

