



Auto ♦ Home ♦ Life ♦ Health ♦ Business ♦ Farm ♦ Workers Comp

Thank you for allowing us the opportunity to work for you.

Clovis Insurance Agency has been providing insurance protection for individuals, families and businesses for over 80 years. We pride ourselves on honesty and integrity and the simple fact that we will save you time and money on all of your insurance protection.

We represent Allied, Capital Insurance Group, The Hartford, Kemper, Mercury, MetLife, Progressive, Safeco and Travelers and many other excellent companies for all of your personal insurance needs. Rather than spending 15 minutes of your own time saving just 15% on your car insurance, you have chosen to protect yourself and save hundreds or even thousands of dollars as well as your valuable time. We are dedicated to providing you with accurate quotes from all of our companies to ensure that you get the protection you need while saving you more in premium on each policy, and potentially thousands of dollars in the event of a claim.

As you will see, we work harder at protecting you by analyzing your total insurance program. At the same time you will save money in ways that many companies and agents fail to offer. Convenience has its price when it comes to your insurance protection at the time of a claim.

The attached forms will help you determine your actual exposures and allow us to coordinate your coverage for auto, home/renters/condo, and if necessary an umbrella policy which will help you protect your current assets and future earnings from the cost of a civil judgment against you as a result of a covered, but underinsured claim.

Although many of us think it will never happen to us, one moment of bad luck or indiscretion by us or a family member or friend can cost us dearly in our future. Don't be a victim of an underinsured loss if you can help it.

Thank you again for taking the time to allow us to shop and hopefully improve your insurance protection.

Sincerely,

A handwritten signature in black ink, appearing to read "Carbrie L. Fox".

Carbrie L. Fox, President

A handwritten signature in black ink, appearing to read "Martin H. Fox".

Martin H. Fox, CFO

2147 Herndon Ave., Ste. 101 ♦ Clovis, CA 93611

Phone: (559)298-0881

Fax: (559)298-4036

LIABILITY---WHAT DO YOU STAND TO LOSE?

Here is the formula to find out what you can potentially lose in a civil judgment. Unlike credit debt, civil judgments are not relieved by bankruptcy. So, the risk is not worth taking in most cases.

Add up the following items:	Totals:
1. Equity (current value – loan amount) in your home(s)*:	
2. Personal Property you own (vehicles, furniture, etc.)*:	
3. Cash and Savings (such as CDs):	
4. 401K, Retirement, Stocks, Etc.*:	
5. 25% of your future earnings (multiply your current annual income by the number of years beyond now that you plan on working)**:	
This is Your Current Liability Exposure:	
Multiply the above total by 2 to 3***:	
<p>*Liens can be made against any real or personal property and retirement accounts. Once a judgment is satisfied, liens will be removed. **California allows up to 25% of a person’s wage to be attached to satisfy a judgment if there is not enough cash available immediately. ***This is the amount of liability protection you should consider carrying to force an insurance company to defend you and hopefully settle a claim under your limit of liability coverage.</p>	

The bottom portion of this form is **REQUIRED** for all quotes since we only work to protect our clients.

So the questions really is: Do you need a Personal Umbrella Policy?

A Personal Umbrella Policy protects you in the event you are held liable for injuries to another party and the award is higher than your underlying auto liability or personal liability protection.

Auto accidents in which you are found at fault, someone (**including a trespasser**) drowning in your pool, or someone (**including a trespasser**) tripping on the sidewalk in front of your house **are just a few examples of the types of things that can cost you everything.**

I have determined my current and future exposure using the simple formula and I have decided:

I Need an Umbrella: 1,000,000:___ 2,000,000:___ 3,000,000:___ 5,000,000:___ 10,000,000:___

Your liability exposures (the number of items in each): If this information is not returned, no quote will be provided.					
Home(s) you occupy:		Acres (if on a farm):		Rental Homes:	
Vacant Land (Acres):		Pool(s):		Spa(s):	
(\$300,000 Personal Liability and \$300,000 Owners, Landlords, & Tenant Liability Required)					
Business conducted from home: ___		Type of business: _____		Insured?: ___	
Autos registered to you:		Motorcycle(s):		Recreational Vehicles:	
ATVs:		Boats or Personal Watercraft:			
(minimum liability of \$250,000 per person/\$500,000 per accident/\$100,000 property damage)					
Drivers over 25 years of age in household:				Drivers under 25 years of age in household:	

OR

REJECTION: I hereby reject this coverage. Signature: _____ Date: _____

Personal Protection Profile For:

_____ your name(s)

How did you hear about us (family, friend (name please), Yellow Pages, internet, etc)?: _____

WE REWARD OUR CLIENTS FOR REFERRALS

The reason your friend or family member would have referred you could have been due to price or service. Frankly, we love our customers referring their friends and family because it means to us that they care about you as much as we care about them. You will notice right away that we ask for much more information than other agencies and companies. This is because of our commitment to dealing with complete honesty and integrity with you all of the time. We find that we can save you time and money on all of your insurance protection by doing the job right. And in the long run you will find greater satisfaction if you ever have to file a claim with one of the companies we represent.

We are committed to providing accurate quotes through at least 9 of our top-rated companies. Thank you for taking the time to protect yourself properly. We look forward to receiving this information and working hard for you.

Every Resident/Dependent	Relation	DOB	Lic/Permit #	Occupation	School/Employer Name & Address (Required)

Home Address (if different):		
City:	State:	Zip Code:
Home #:	Work #:	Cell #:
Fax #:	Email:	

Mailing Address:		
City:	State:	Zip Code:

How many years living at this address?: _____ (If less than five years some companies require all prior addresses in past five years; most ask for last two years)

Previous Address:		
City:	State:	Zip Code:

If you have children away at school, do they have a vehicle furnished for their regular use? _____

If you have children away at school, do they need renters insurance?: _____

If you have children away at school, do they have any roommates?: _____

Homeowners or Renters Protection Information:

Name(s) as appearing on the Title:			
Property Address:			
City:	State:	Zip Code:	
Purchase year/date you rented this home?:		How many mortgage(s) on the property (if you purchased)?:	

Replacement Cost Information:			Year Built:						
If home is over 20 years old, please provide the year each item in the next row was updated:									
Roof:		Plumbing:		Electrical:		Heating/AC:		Paint:	

Living Square Footage:		Number of Stories:		Foundation Type:		
How Many Bathrooms?:	Full:		3/4:		Half:	
Roof Type	Comp/Asphalt Shingles:	%	Tile:	%	Wood Shake/Shingle:	%
Metal:		%	Other:			%
Garage Type:			Size:			
Fireplace:		Hearth(s):		Zero Clearance (Gas):		
Wood Stove:		Chimney:				
Interior Floors	Carpet:	%	Tile:			%
Hardwood/Laminate:	%	Vinyl:	%	Aggregate:		%
Stamped Concrete:	%	Other (type):				%
Interior Walls	Paint:	%	Wallpaper:	%	Tile:	%
Exterior Walls	Stucco:	%	Brick/Stone Veneer:			%
Wood Siding:		%	Vinyl Siding:			%
Do you have a solar panel system, whether owned or leased?						
Are you a member/members of a homeowners association?						

Protection Information:	Distance to Fire Station:	Miles	Distance to Hydrant:	Feet
Dead Bolts?		Alarm System? Type?:		
Fire extinguisher(s) in home?		In-home sprinkler system?		

Potential Liability Risks:	Pool	Fenced?		Built In?		Above Ground:		Diving Board/Slide:	
Trampoline?		Animals/Breeds?				Motorcycles/ATV's?			

Business Conducted in the Home?	
Description:	

Information about your current Homeowners policy:		Current Company:	
Expiration Date:		Type of Policy:	
Dwelling (Coverage A):		Other Structures (Coverage B):	
Contents (Coverage C):		Loss of Use (Coverage D):	
Deductible:		Comprehensive Personal Liability (Coverage E):	
Medical Payments (Coverage F):			
Scheduled Property (Jewelry, Guns, Furs, Fine Arts, Etc.)			
Is In-Home Coverage Provided?			
Any Other Special Endorsements Provided?			
Reason(s) you're shopping for coverage at this time?			

Any Claims in the Past 5 Years?	
Dates	Descriptions

Vehicle Information, or you may simply attach a copy of your current policy declarations. However, some of the information may be missing on your current policy.

Year	Make	Model	***** VIN***** Providing this crucial information will ensure the accuracy of your quote.	Date of Purchase	New or Used	Driver	Pleasure Work School	One Way Distance	Annual Mileage	Current Odometer Reading

Discounts available from our companies that will save you hundreds of dollars	
Good Driver Discount	Superior Driver Discounts with some companies
Multi-Car (even if provided a company car)	Good Student Discount
Anti-Theft Discount	
Biggest Savers	
Multi-Policy Discounts -- when home/renters/condo, umbrella, personal articles, recreational vehicle, or motorcycle are with the same company	
Professional Discounts for accountants, medical professionals, teachers, law enforcement, firefighters, and scientists	
Credit union members	
Renewal Discounts after one year or more, depending on the company	
Many other discounts are also available, depending on the company.	

Has any driver had a major violation such as a DUI or Reckless Driving, in their lifetime? _____ If yes, list driver, date and type of violation: _____

Have there been any tickets, accidents (regardless of fault) in the past 5 years? _____ If yes, list driver, date and type of incident: _____

Have there been any claims in the last 5 years including glass, towing, theft, vandalism etc.? _____ If yes, list driver, date and type of incident: _____

Is there is any business or commercial use of a vehicle such as delivery of goods or services? _____ If yes, list the driver and the vehicle and the nature of the business or commercial use: _____

Please provide your current policy and coverage information, or simply attach a copy of the declarations page(s)			
Current Company:			
Expiration date:		Number of years continuously insured?:	
Current limits of coverage OR Simply attach a current copy of your declarations page(s)			
Bodily Injury:	_____ / _____	Property Damage:	
Uninsured Motorist:	_____ / _____	Medical Payments:	
Comprehensive Deductibles:	Car 1: _____	Car 2: _____	Car 3: _____
Collision Deductibles:	Car 1: _____	Car 2: _____	Car 3: _____
Towing Limit:		Rental Reimbursement:	_____ /Day _____ /Total
Reason(s) you're shopping for coverage at this time?			

Based on the "What do you stand to lose?" form, a quote for your need will be provided unless you have determined that your current coverage is/was sufficient for you.

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 Carbrie Fox, President / Clovis Insurance Agency, Inc. / 2147 Herndon Avenue, Suite 101 / Clovis, CA 93611. 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 Carbrie Fox, President / Clovis Insurance Agency, Inc. / 2147 Herndon Avenue, Suite 101 / Clovis, CA 93611. 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