

HOMEOWNERS QUOTE

date quoted _____

Name _____ Eff date _____ Referred By: _____

Home ph # _____ Mr. wk # _____ Mrs. wk # _____

Current address _____ County: _____

Prior carrier: _____ Exp. Date _____ Length of time @ current residence: ___ yrs ___ mths

If less than 1 year, prior address _____

Length of time @ prior address: _____ years _____ months

Prior carrier: _____ Expiration date: _____

Applicant information:

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Occupation</u>	<u>Employer</u>	<u>Yrs.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Property information: Closing date: _____ Purchase price: _____ Loan amt: _____

Yr Built _____ Sq. Feet _____ Story: 1 2 Foundation: Slab ___ Pier & Beam _____

Bedrooms _____ # Bathrooms: Full _____ Half _____ Fireplace: Y N

Construction: BV _____ Frame _____ Other _____ Heating: Gas Electric

Garage: attached detached # Cars _____ Central Heat & Air: Y N Trampoline: Y N

Pool: Y N Fenced: Y N Pets: Y N Type: _____ Bitten anyone: Y N

Business use: Y N Type: _____ # rental properties: _____

Scheduled jewelry _____, watches _____, furs _____

Unscheduled jewelry, watches, furs coverage: _____ (max amt \$4500.)

Monitored alarm: Y N Burglar: Y N Fire: Y N (Local) Smk det: Y N Fire Ext Y N

Claims in last three years: Y N

Date: _____ Amt. Paid: _____ Details: _____

Home over 20 years old update info: Wiring: Age: _____ Type: _____

Heating: Age: _____ Type: Central Space Heater Other: _____

Plumbing: Age: _____ Type: _____