

Contact Information

Name: _____ DL: _____ SSN: _____ DOB: _____

Spouse: _____ DL: _____ SSN: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Property Address: _____ City _____ State _____ Zip _____

County: _____ Email Address : _____

Time at Curr. Res.: ____ yr., ____ mo. If less than 3 yrs provide prior address: _____
 City _____ State _____ Zip _____

1st Named Ins'd Occupation: _____ Length of time: _____ Education Level _____

2nd Named Ins'd Occupation: _____ Length of time: _____ Education Level _____

Current Ins Carrier: _____ Effective/closing Date: _____

Amt of Present Coverage: _____ Premium \$: _____

HOMEOWNERS QUOTE SHEET

Sq. Ft.: _____	Year Built: _____ If over 25 yrs provide year the following were updated: wiring _____ plumbing _____ heating _____	Monitored Security System: _____
# Stories: _____		Deadbolt Locks: _____
Construction: _____ BV, Frame, Stucco, Brick	#Bedrooms: _____	Smoke Alarm: _____
Garage Type: _____ Attached/Detached	#Full Baths: _____	Fire Ex.: _____
Garage Size: _____ 1, 2, 3 or 4 Car	#Half Baths: _____	Fire Station # of Miles: _____
Age of Roof: _____	#Fireplaces: _____	Fire Hydrant # of ft: _____
Shingle Type: _____	Wood Burning Stove: _____	Central Air: _____ If yes, Gas or Electric _____
Dog Breed: _____	Sauna: _____	Any special features? _____
Dog ever bitten anyone: _____	Hot Tub: _____	Decks, if yes provide Sq Ft _____
	In-Ground Pool: _____ if yes, is it fully fenced _____	Covered Patio? If yes, provide Sq Ft _____

Coverage Requested

Replacement Cost : _____	Dwelling Coverage: _____	Deductible: Clause 1 _____ Clause 2 _____
Liability Limit: _____	Medical Payments: _____	Endorsements: _____

Losses in the last 3 yrs? _____ if yes need, date of loss _____ amount paid _____

Details _____