

## Homeowners Quote

Date: \_\_\_\_\_ Date Quote is needed by: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Agent: \_\_\_\_\_

Marital Status:    Single    Married    Domestic Partnership    Divorced    Widowed

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

DL: \_\_\_\_\_ DL: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Homeowners    Rental    Seasonal    Builders Risk    Vacant Property

Address of Property (if different than above): \_\_\_\_\_

County: \_\_\_\_\_ #of Acres: \_\_\_\_\_ Inside City Limits?: \_\_\_\_\_

Fire Hydrants nearby?: \_\_\_\_\_ Dist. To Fire Station: \_\_\_\_\_ Name of Firestation: \_\_\_\_\_

Year Built: \_\_\_\_\_ Owner Occupied?: \_\_\_\_\_ Property being Rented out?: \_\_\_\_\_

SQFT Main Level: \_\_\_\_\_ SQFT Upper Level: \_\_\_\_\_

**Style:**    Ranch    2 Story    Split Level    Earth Contact    1.5 Story

#of Full Baths: \_\_\_\_\_ # of ½ Baths: \_\_\_\_\_ Fireplace?: \_\_\_\_\_ Wood Stove?: \_\_\_\_\_

Basement?: \_\_\_\_\_ if so, percent finished?: \_\_\_\_\_ Walkout?: \_\_\_\_\_

**Foundation:**    Crawlspace    Basement    Slab

Age of furnace?: \_\_\_\_\_ Age of Central A/C?: \_\_\_\_\_

**Heat:**    Electric    Natural Gas    Propane    Other: \_\_\_\_\_

If home is pre 1965, what year was the following updated? Plumbing? \_\_\_\_\_ Wiring? \_\_\_\_\_

Fuse Breaker Box AMP: 100 200

Year Roof was replaced? \_\_\_\_\_ Material: 3Tab Metal Architecture

**Siding Material:** Vinyl Brick Brick Veneer Stucco Other: \_\_\_\_\_

**Garage:** Attached Detached # of cars \_\_\_\_\_ Carport? \_\_\_\_\_ Size: \_\_\_\_\_

Is there a wood deck? SQFT: \_\_\_\_\_ Trampoline? \_\_\_\_\_ Pool? \_\_\_\_\_ If so, above or below ground? \_\_\_\_\_ Is it fenced in? \_\_\_\_\_ Is there a well? \_\_\_\_\_

Security system that communicates directly with the Police/Fire Dept? \_\_\_\_\_

Own any dogs? If so, breed? \_\_\_\_\_ Ever bitten? \_\_\_\_\_

If resided at this address for less than 5 years, what is the full previous address:

\_\_\_\_\_

Number of claims in the past 5 years: \_\_\_\_\_ what/when happened? How much was paid out? \_\_\_\_\_

\_\_\_\_\_

### Current Coverages

Current Carrier: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Annual Premiums: \_\_\_\_\_ Deductible: \_\_\_\_\_

Dwelling: \_\_\_\_\_ Notes: \_\_\_\_\_

Other Structures: \_\_\_\_\_

Personal Property: \_\_\_\_\_

Loss of Use: \_\_\_\_\_

Liability: \_\_\_\_\_

Medical: \_\_\_\_\_

Do you have an umbrella policy? Yes No

Mortgage? \_\_\_\_\_

**Additional Coverage:**

Do you have any outbuildings/barns, collectibles, jewelry, guns, ATV's/UTV's etc that would need to be scheduled onto the policy? \_\_\_\_\_

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How do you typically pay your home insurance?

Escrow/Mortgagee Billed      Monthly      Quarterly      Semi-Annual      Annually

**AUTO \* HOUSE \* LIFE \* BUSINESS \* HEALTH \* TAX DEFERRED ANNUITIES \* MOTORCYCLE  
PART D DRUG PLANS \* DENTAL \* WORK COMP \* MEDICARE SUPPLEMENTS \* BOAT  
FINAL EXPENSE \* RECOVERY CARE \* CANCER PLANS**