

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: _____

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? _____

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**