

AGENCY:

HOMEOWNER QUOTE

EFFECTIVE DATE: _____ Agent: _____

PROPERTY OWNER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PREVIOUS ADDRESS (if less than 2 years at current): _____

NUMBER OF YEARS AT THIS RESIDENCE: _____ NUMBER OF YEARS PRIOR RESIDENCE: _____

PHONE: # _____ E-MAIL: _____

LOSSES: _____ CURRENT CO & POLICY # _____

_____ CANCELLED OR NON-RENEWED? _____

HOME INFO

Year Built: _____ Construction: _____ Prot Class: _____ # Families: _____ # Baths: _____

Square Footage: _____ Stories: _____ Basement/Finished? _____ # Car Garage: _____ Flat? _____

Construction Quality: _____ Porch (sq ft): _____ Roof Material: _____

Fire Dept: _____ Fire Hydrant Feet: _____ Fire Dept Miles: _____ Fireplace Type? _____

Wood Stove? _____ Pool? _____ Fenced? _____ Diving Board? _____ Slide? _____

Other Notes on the Home? _____

Protective Devices: Smoke Detectors? _____ Fire Extinguisher? _____

Burglar Alarm -Local or Monitored? _____ Fire Alarm - Local or Monitored? _____

Retirement Community? _____ Gated Community? _____

Over 25 Yrs: Updates: Plumbing _____ Electric _____ Roof: _____

Central Heating System? _____ Circuit Breakers: _____

Pets: _____ Acreage: _____ Horses? _____

COVERAGE INFO

Dwelling Amount: \$ _____ Deductible: \$ _____ Liability: _____

Medical Payments: \$ _____ Umbrella? _____

Unattached Structures? _____ Business Occupancy? _____ ID Theft _____

Additional Endorsements: _____

Scheduled Items: Jewelry - Furs - Silver - Guns - Business Equip - Computers - Fine Arts - RV's - Life Style- Collections/Collectables- Other: _____

BUILDING ORDINANCE COVERAGE? \$ _____ BACK UP OF SEWER COVERAGE? \$ _____

	D.O.B.	MAR	SS#	OCCUPATION	EMPLOYER	#YRS	ED
MR	_____	_____	_____	_____	_____	_____	_____
MRS	_____	_____	_____	_____	_____	_____	_____

"In order to provide you with an accurate quotation of premium, I am required to order your prior claims reports and your credit score. Do I have your permission?" _____

NOTES: _____