

HOMEOWNERS INSURANCE QUOTE SHEET

NAME: _____ DOB _____ SS # _____

2ND NAMED INSURED: _____ DOB _____ SS# _____

Location Address: _____ County: _____

Phone Numbers Home # _____ Work # _____ Cell # _____

E-Mail Addr: _____ Effective Date: _____ Present Carrier: _____

Policy Type: HO3 HO4 HO6 DP2 DP3 Vacant (Please circle one)

Construction Type: _____ Protection Class: Well Water/City Water (Please circle one)

Owner or Tenant Occupied (Please circle one) How Many Family _____ If Apt or Condo home many Units: _____

Year Built: _____ # Of Stories _____ Single Family Home or Townhouse (Please circle one)

If a townhouse middle unit or end unit (Please circle one) Years at current residence: _____

Miles to Fire Department: _____ Feet to Fire Hydrants: _____

Updates if the Home is over 30 years Old:

Wiring: _____ Heating: _____ Plumbing: _____ Roof: _____

Dwelling Value: _____ Other Structures: _____

Personal Property: _____ Loss of Use: _____

Personal Liability: _____ Medical Payments: _____

Deductible: _____ Specialty Forms: _____

Swimming Pool: _____ Trampoline: _____ Pets: _____

Woodstove, Fireplace Insert or Pellet Stove and location: _____

Smoke Detectors on all levels: _____ Fire Extinguisher: _____

Sprinkler System: Full or Partial (Please circle one) Central Station Alarm: Fire, Burglary or Both (Please circle one)

Dead Bolt Locks on all exterior doors, including sliders: yes or no (Please circle one)

Smoking or Non-Smoking Household: yes or no (Please circle one)

Do you belong to a Homeowners Association: yes or no (Please circle one)

Have you ever had your Homeowners Insurance Cancelled with in the last 3 years if so why: _____

Have you had any Homeowners Losses reported to the company in the past 3 years even if no payout, if so why: _____

Referred By: _____ Taken By: _____ Date Taken: _____