



HOMEOWNERS QUOTE

Date: _____ Phone Number: _____

Name: _____ Spouse: _____

Address: _____ City: _____ St: _____ Zip: _____

Date of Birth: _____ Spouse Date of Birth: _____

SS#: _____ Spouse SS#: _____

Employer: _____ Occupation: _____ LOE: _____

Spouse Employer: _____ Occupation: _____ LOE: _____

Current Insurance Carrier: _____ Policy #: _____

Expiration Date: _____ Current Dwelling Coverage: _____

Time at Present Address: _____ # Losses in last 3 years: _____

Claim Details: _____

Prior address if less than 2 years: _____

HOME:

Form with fields for HOME: THIS IS MY PRIMARY HOME, HOUSE IS, YEAR BUILT, # STORIES, SQ. FEET, TYPE OF ROOF, CONSTRUCTION, TYPE OF HEAT, # BATHROOMS, DISTANCE TO FIRE STATION, FEET TO HYDRANT, GARAGE, ATTACHED, # CARS, BASEMENT, SQ. FEET, AIR CONDITIONING, FIREPLACE, WOODSTOVE, PORCH / DECK, SQ. FT., SWIMMING POOL / HOT TUB, TRAMPOLINE, DOGS, TYPE.

Extra Features: _____

Updates to Wiring, Plumbing, Heating, Roof: _____

COVERAGES:

Dwelling: \$ _____ Other Structures: (Shop, Barn, etc.) \$ _____

Personal Property: \$ _____ Deductible: \$500 _____ \$1000 _____ OTHER _____

Personal Liability: \$100,000 _____ \$300,000 _____ \$500,000 _____ \$1,000,000 _____

Medical Payments (to others): \$1000 _____ \$2000 _____ \$5000 _____ \$10,000 _____

SCHEDULED PERSONAL PROPERTY:

Jewelry: _____ Fine Arts: _____

Silver: _____ Guns: _____

Furs: _____ Cameras, Coins: _____

Other: _____