

Home Quote Form

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
Phone:
 Home _____ Cell _____ Work _____
 Email: _____ Preferred contact: _____
 Date of birth: _____ Social Security Number: _____
 Occupation: _____ Marital Status: _____ Name on Deed: _____
 Currently insured? Current company? _____ How long? _____ years Expiration Date: _____
 Are you being cancelled or non-renewed? _____

Home Information

Is the property address the same as above? If not, what is the address of the insured property? _____
 Year built/age: _____ Number of stories: _____ Square footage: _____ Number of years at residence: _____
 Construction type: _____ If special construction type, please explain: _____
 Breezeway or porch? If yes, what is the size? _____
 Balcony or deck? If yes, what is the size? _____
 Garage: Interior walls: _____ Fireplace? If yes, gas/wood and how many? _____
 Floors (% of hardwood/carpet/vinyl/tile): _____ %hardwood _____ %carpet _____ %vinyl _____ %tile
 Number of full baths: _____ Number of half baths: _____ Central air? _____ Does A/C use same vents as
 Foundation: _____ Foundation construction: _____ heat? Electrical service: _____
 Basement/crawlspace? If finished, what percent is finished? _____
 Please state the year any updates were made to the following:
 Electrical: _____ Plumbing: _____ Heating/AC: _____ Roof: _____
 Roof type: _____ Responding fire department: _____ Number of feet to nearest hydrant: _____
 Does the home have? (check all that apply.) Fire extinguishers _____ Smoke alarms _____ Dead bolt locks _____ Central alarm _____
 Swimming pool? Above ground/in ground? If yes, is it fenced? Locking gate? Diving board?
 Trampoline?
 Business on property? Details: _____
 Farm on premises? Details: _____
 Rental property? Vacation home? Personal umbrella? Watercraft? ATV? Golf cart?

Coverage and Endorsement Options

Current coverage or purchase amount: \$ _____ New purchase? Closing date: _____

Deductible: Other amount: \$ _____ Replacement cost of personal property?:

Earthquake coverage?: Mine subsidence?: Backup of sewer or drain?: Other: \$ _____

Any items scheduled?: If yes, please provide a description and value: _____

Additional Information

Pets? Type and breed: _____

Claims in the last 5 years? Details (dates and amounts paid): _____

