

HOMEOWNERS QUOTE REQUEST

General Information Section

Name: _____	Email Address: _____
Address: _____	Mobile Home? _____
City, State, Zip: _____	County _____
Daytime Phone: _____	Evening Phone: _____
Current Insurer and Expiration Date: _____	
Your Occupation: _____	Spouse's Occupation: _____
Your Age: _____	Spouse's Age: _____

Home Information Section

Primary Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of families in house: _____	Approximate year built: _____
Age of Roof: _____	Year wiring updated: _____
Year plumbing updated: _____	Year heating updated: _____
Name of responding fire department: _____	Distance to fire department: _____ miles
Is there a fire hydrant within 1,000 feet of your house? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of smoke detectors: _____	Fire extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dead bolt locks on all exterior doors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Burglar & Fire alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No
Wood Stove? <input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming Pool? <input type="checkbox"/> No <input type="checkbox"/> In-Ground <input type="checkbox"/> Above

Coverage Section

Home is presently insured for \$ _____	Deductible Desired: _____
Liability Limit Desired: _____	

Underwriting Section

Exterior wall construction:	
_____ % Frame (Wood, Aluminum, Vinyl)	_____ % Brick or Masonry Veneer
_____ % Solid Brick or Masonry	_____ % Other (describe) _____
Any business or child care conducted on your property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had any claims within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any company declined, cancelled or refused to renew similar coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you, or any family member, had a foreclosure, repossession, bankruptcy, judgement or lien in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any dogs or other pets? <input type="checkbox"/> No <input type="checkbox"/> Yes – please describe, including breed.	

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