

QUOTE FORM
HOME, CONDO, TOWNHOME, RENTERS

Name _____ Property Address _____
City State Zip

Previous Address (If Less Than 3 Years) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Married / Single – if married name of spouse _____ Applicant DOB _____ Spouse DOB _____

Applicant Social Security # _____ Spouse Social Security # _____

Residence is: (circle one) Single Family Dwelling ~ Condo ~ Town Home ~ Rental Unit ~ Cabin

IF HOME IS NEW PURCHASE: CLOSING DATE _____ WILL INSURANCE BE ESCROWED? Y N

Year Built _____ # Apts _____ Construction Type _____ Year Moved In _____

UPDATES – Year completed: Wiring _____ Plumbing _____ Heating _____ Roof _____

Estimator

Sq Ft (grd. fl) _____ Total Sq. Ft _____ # of stories _____ # of baths _____

Fireplace _____ Wood Stove? Y N Porch/Deck Y N – open/enclosed – size _____

Basement Finished Y N – Percent _____ Exterior _____ Custom Kitchen Y/N Bath Y/N

Garage – None/Attached/Detached _____ How many cars? _____ Central Air Y N Other Structures _____

Trampoline? Y N Pool? Y N Pets? Y N – Type(s) _____

In-home Business? Y N Daycare? Y N Bankruptcy? Y N – When _____

Claims Last 3 Years _____

Present Ins. Co. _____ Renewal Date _____ Auto Ins. Co. _____ How Long _____

SECURITY DEVICES

Smoke Det? Y N Fire Ext? Y N Dead Bolts? Y N Burg. Alarm? Y N Fire Alarm? Y N -- Local or Central

Miles to Fire Dept? _____ Feet to Fire Hydrant? _____ Other _____

Current Coverages

Dwelling Coverage (A) \$ _____ Pers. Property \$ _____ Deductible \$ _____

Liability \$ _____ Med Pay \$ _____ Mortgage Amount \$ _____ Market Value \$ _____

ENDORSEMENTS FOR:

Jewelry \$ _____ Furs \$ _____ Silver \$ _____ Fine Arts \$ _____ Other \$ _____

Y N - WOULD YOU LIKE A QUOTE ON AN UMBRELLA POLICY?

Y N - ARE YOU PROPERLY COVERED FOR LIFE / MORTGAGE INSURANCE?