

How did you hear about our office?

Producer: _____

Date Quote Needed by: _____

INSURED(s): _____

Dates of Birth: _____

SSN's: _____ - _____ - _____

Effective Date: _____

_____ - _____ - _____

Purchase or Re-Finance?

Address: _____

Current Carrier: _____

Current Premium: _____

County / Twsp: _____

Can we quote auto? (NO) (YES)

H # _____

W # _____

LIMITS:

Dwelling (Cov. A) \$ _____

Deductible \$ _____

Liability: (100K) (300K) (500K)

Medical Payments: \$ _____

ABOUT THE HOME:

Year Built: _____ *...if older than 20 yrs, complete updates->*

Construction: (Frame) (Masonry) (Masonry Veneer)

Stories: _____

Square Footage: _____

Basement? (Crawl) (Slab) (Full) Finished? _____

Protective Devices? (FIRE) (BUGLAR) (SPRINKLERS) (DEADBOLT) (SMOKE DET) (FIRE EXT)

Miles to Fire Station? _____

Feet to Hydrant? _____

Roof Type? _____

Heat Type? _____

Swimming Pool? (NO) (YES)...if yes, above ground? (NO) (YES)...approved fencing? (NO) (YES)

Trampoline? (NO) (YES) Own a dog? (NO) (YES)...if yes, breed of dog _____

Coverage for Back Up of Sewers & Drains? _____

Earthquake Coverage? _____

DATE OF UPDATES/REMODEL:

wiring _____

plumbing _____

roof _____

furnace _____

DO YOU:

Have any children? (NO) (YES) Do they live with you? (NO) (YES)

Conduct any business on premises? (NO) (YES)

Need any coverage for scheduled: JEWELRY \$ _____ WATCHES \$ _____ FURS \$ _____ FINE ARTS \$ _____

Own any: ANTIQUES MUSICAL INSTRUMENTS ART CAMERAS

Collect: COINS STAMPS OTHER _____ Value? \$ _____

Rent any part of your home? (NO) (YES)

Own any rental properties? (NO) (YES)

Own any land? (NO) (YES)

Own a boat? (NO) (YES)

Own any recreational vehicles or golf carts? (NO) (YES)

Have a personal computer? (NO) (YES)...if yes. Less than 1 year old? (NO)(YES) value? _____

Smoke? (NO) (YES)

CLAIMS HISTORY:

Have you had any claims in the last 5 years? (NO) (YES)

When was the date of the claim? _____

What was the claim? _____

How much was paid out? _____