



Home Quote Request

Section 1: About you. (If auto quote was also completed, please do not duplicate any answers.)

Date: _____
 Name: _____ DOB: _____ SSN: _____
 Co-applicant/Spouse: _____ DOB: _____ SSN: _____
 Address: _____
 City: _____ County: _____ Zip: _____
 Daytime phone: _____ Eve. phone: _____ Cell: _____
 Contact preference & best time to contact: _____
 Email: _____

Section 2: About your current Coverage.

Current insurance company: _____
 Current Coverage Amount: \$ _____ Annual prem.: \$ _____ Current Ded.: \$ _____
 Payment Frequency: Full Payment Quarterly Monthly Escrow billed
 If escrow billed, mortgage company: _____
 Any claims in the past 3 years? _____
 Any additional covered items (jewelry, guns, fine art, antiques, etc.)? _____
 Total value: \$ _____
 Any boats/ATV (please describe): _____ Total Value: \$ _____

Section 3: Home

Type of Residence:

- Dwelling Condominium
 Apartment Mobile Home
 Townhouse

Exterior wall material:

- Vinyl Stone
 Aluminum Stucco
 Wood Other: _____
 Brick _____

Foundation:

- Slab
 Basement (____% finished)
 Crawlspace
 Walkout/Daylight

Fireplace:

- None Wood
 Gas Wood Stove
 No. of fireplaces: _____

Garage:

- None Freestanding
 Attached Built in
 No. of stalls: _____

Current mkt value: \$ _____
 Year built: _____
 No. years at this home: _____
 Total sq footage: _____
 No. of stories: _____

Bathrooms:

of Full Bathrooms: _____
 # of ¾ bathrooms: _____
 # of ½ bathrooms: _____

Home updates

(year completed)
 Roof: _____
 Plumbing: _____
 Electrical: _____
 Furnace: _____
 Cooling: _____

Additional Sq Footage:

Balcony _____
 Deck _____
 Enclosed porch _____
 Open porch _____

Additional Features: Yes No

- Central air conditioning
 Trampoline
 Yard Fenced
 Hot tub/Jacuzzi
 If yes, is it locked?
 Smoke detectors
 Deadbolt
 Fire extinguisher
 Burglar alarm
 Motion-sensing lights
 Non-smoker
 Home business

Pool:

- Above ground In ground
 Fenced
 Diving board

Pets/Animals:

- Bite History
 Formal Training
 Breed: _____