

Homeowners Quote Sheet

Date: _____ Desired Effective Date: _____

Primary

Name: _____ Phone: _____ DOB: _____
Occupation: _____ Email: _____ SS#: _____

Spouse

Name: _____ Phone: _____ DOB: _____
Occupation: _____ SS#: _____

Current Address:

Address to be Insured: _____ Policy Type
Fire Home Townhouse
County: _____ Current Carrier: _____ Yrs. w/ Carrier: _____
New Purchase Closing Date: _____ Year Purchased: _____ Liability Limit: _____

Rating Info

Style: _____ Stories: _____ Year Built: _____
_____% Brick _____% Alum _____% Vinyl _____% Stucco _____% Cedar _____% Other: _____

Updates: None Partial Full

Electric Type: _____ Year: _____ Plumbing Type: _____ Year: _____
Heat Type: _____ Year: _____ Roof Type: _____ Year: _____

Purchase Price: _____ Dwelling Amount: _____ DED: _____

Business Exposure Sump Pump Pets: _____ Home be rented/shared
Trampoline Fenced? Central Alarm System
Pool Fenced? Fire Burg

Scheduled Items: _____

Any Losses: _____

Condominium: # of Units: _____ Additional Amt: _____ Personal Prop: _____

Tenants Form: # of Units: _____ Personal Prop Amt: _____

Replacement Cost Estimate

Total Living Area Sq Ft (excluding basement): _____
_____% Crawl Space _____% Slab _____% Basement _____% Finished

Flooring: _____% Wood _____% Tile _____% Carpet

Garage Attached # of Vehicles: _____
Central Air Same Ducts Fireplace: Gas Wood

Bathrooms: Full: _____ Half: _____ Deck: sq ft: _____ Porch: sq feet: _____ Enclosed

Mortgage Info: _____ Escrow