

HOME QUOTE REQUEST

Names on Deed/Tenants:			
Preferred phone numbers for contact:			
Address:	State:	City:	Zip:
Employer:	How long?		
How long have you owned your home?		Have you ever declared bankruptcy?	
Present Insurance Company		Expiration Date:	
Social Security Number:		Date of Birth:	
Social Security Number:		Date of Birth:	

Present Coverage (from your declarations page)

Dwelling	\$	<i>Valuable Items to Schedule: *Current appraisals may be required</i>	
Other Structures	\$	1.	Value:
Personal Property	\$	2.	Value:
Liability	\$	3.	Value:
Medical Payments	\$	4.	Value:
Present Deductible	\$	<i>*Note minimum will be \$500, higher deductible reduce premium.</i>	

Year Built:	Stories:	Total Square Footage:	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Square Feet Finished in Basement: _____
Garage: (check one)	<input type="checkbox"/> Attached	<input type="checkbox"/> Detached	Number of stalls:	
Primary Heating Type:		Central Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Fireplaces: <i>(Additional info required)</i>	
Type of Fireplace: <input type="checkbox"/> Masonry <input type="checkbox"/> Metal insert		Wood Burning Stove: <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Baths: _____ 3/4 Baths: _____ 1/2 baths _____	
Porches: <input type="checkbox"/> Yes <input type="checkbox"/> No	Size:	Decks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Size of Deck:	
Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fenced: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diving Board: <input type="checkbox"/> Yes <input type="checkbox"/> No	Slide: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Trampoline: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dog: <input type="checkbox"/> Yes <input type="checkbox"/> No	Breed: <i>(*Note certain large breeds not acceptable)</i>		
Age of Furnace:	Age of Electrical Service Box:		Amps: _____	Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No
Age of Roof:		Type and Age of Siding:		

Describe all claims and amount paid in the past 5 years:

Is there any Business conducted on the premises, such as Day Care or Baby-sitting Yes No (If yes, Please explain)

Any Secondary or Seasonal Residences: Yes No | Location: _____

Any Rental Homes: Yes No | Location: _____

**Note: If yes—all the information above will be required. Use a separate form for each location.*

The information supplied herein is truthful and will be relied upon to be accurate if a policy is requested. I understand that this is not an application for insurance, only a quotation request. This is not a binder of insurance.

In connection with this quotation request for insurance, your credit report or insurance score may be obtained and used to develop your premium.

Signature

Date