

Homeowners Quote Information Sheet

NAME: _____ DOB: _____

SS#: _____ E-mail address _____

SPOUSE: _____ DOB: _____

SS#: _____ COUNTY: _____

ADDRESS OF INSURED LOCATION: _____

CITY: _____ STATE: _____ ZIP _____

MAILING ADDRESS (if different) _____

HOME PHONE#: _____ WORK OR CELL PHONE # _____

Most insurance companies use information from you and from other sources, such as your driving, claims and credit histories, to calculate an accurate price for your insurance. New or updated information may be used to calculate your renewal premiums. Each company also has a Privacy Policy that explains how they disclose and protect your personal information and how you may access and correct it. Copies of this information can be provided at your request.

Please sign here after reading this notice _____

POLICY INFORMATION

CURRENT CO. _____ EXPIRATION DATE: _____

QUOTE TYPE: HOMEOWNERS ____ RENTERS ____ HOME OCCUPIED BY OTHERS ____

COVERAGE A – DWELLING: _____

COVERAGE B – OTHER STRUCTURES: _____

COVERAGE C – CONTENTS/PERS. PROPERTY: _____

COVERAGE D – LOSS OF USE: _____

COVERAGE E – LIABILITY: _____

COVERAGE F – MEDICAL: _____

DEDUCTIBLE: _____

Do you want replacement coverage on your home? _____ on your contents? _____

YEAR OF CONSTRUCTION: _____

WHAT TYPE OF CONSTRUCTION?

FRAME ____ LOG ____ MANUFACTURED ____ MOBILE HOME ____ APARTMENT ____

WHAT TYPE OF SIDING?

VINYL ____ WOOD ____ BRICK ____ ALUMINUM ____ LOG ____ OTHER _____

TOTAL SQ. FEET _____ HOW MANY STORIES? _____

IF APARTMENT BUILDING: # of FLOORS _____ # OF APTS. _____

NUMBER OF FAMILIES _____ OWNER OCCUPIED? YES _____ NO _____

ARE THERE ANY UNRELATED RESIDENTS IN YOUR HOME? _____

ARE ADULT CHILDREN (OVER 25) RESIDING IN THE HOME? _____

DOES ANY ONE CONDUCT A BUSINESS ON THE PREMISES? YES _____ NO _____

IF "YES" DESCRIBE: _____

TYPE OF HEAT _____ CENTRAL AIR? _____ (Same ducts or separate ducts)

YEAR OF SYSTEM UPDATE: HEAT _____ PLUMB. _____ ELE. _____ AMPS _____ ROOF _____

WOODBURNING STOVE? YES _____ NO _____ CORN BURNER? YES _____ NO _____

FIRE PLACE? YES _____ NO _____ IF "YES" GAS OR WOODBURNING? _____

HOW MANY BATHROOMS? _____ FULL _____ 1/2 _____ 3/4 _____

WHAT TYPE OF FOUNDATION:

SLAB _____ CRAWLSPACE _____ FULL BASEMENT: _____

(FINISHED % _____ OR UNFINISHED % _____)

ROOF CONSTRUCTION: ASPHALT _____ WOOD _____ SLATE _____ METAL _____

GARAGE: YES NO ATTACHED _____ DETACHED _____ OTHER _____

DO YOU HAVE OTHER STRUCTURES ON YOUR PROPERTY? _____

DECKS/PORCHES _____ SPECIAL FEATURES _____

ACRES: _____ IN CLEAR VIEW OF 5 + HOUSES? YES _____ NO _____

RESPONDING FIRE DEPT: _____ MILES FROM FD _____

NEAREST HYDRANT: _____ RESIDENCE IN CITY LIMITS? YES _____ NO _____

OF SMOKE DETECTORS: _____ # OF FIRE EXTINGUISHERS: _____

DEADBOLT LOCKS: YES _____ NO _____ ALL EXITS? YES _____ NO _____

CENTRAL OR DIRECT ALARM? _____

PETS? _____ WHAT KIND? _____ HOW CONTROLLED _____

TRAMPOLINE _____ POOL _____ FENCED? _____

HAVE YOU HAD ANY CLAIMS/LOSSES ON YOUR HOMEOWNERS INSURANCE DURING THE PAST 3 YEARS? _____

IF YES, PLEASE DESCRIBE DATES, DAMAGE AND AMOUNT OF CLAIM:

ADDITIONAL COVERAGES AVAILABLE

DO YOU THINK YOU WOULD LIKE ANY OF THESE ADDED TO YOUR HOMEOWNERS INSURANCE PACKAGE?

REPLACEMENT COST/PERS. PROPERTY YES ____ NO ____

GUARANTEED HOME REPLACEMENT YES ____ NO ____

MINE SUBSIDENCE YES ____ NO ____

EARTHQUAKE YES ____ NO ____

WATER BACKUP/SUMP PUMP OVERFLOW YES ____ NO ____

WOODBURNING STOVE YES ____ NO ____

SPECIAL MULTI-RISK COVERAGE FOR VALUABLE ITEMS SUCH AS JEWELRY, COLLECTIBLES, ANTIQUES,

PHOTOGRAPHY EQUIPMENT YES ____ NO ____

DESCRIPTION OF THESE ITEMS APPROXIMATE VALUE

Items added to your policy for this special coverage will be identified individually and you will be asked to provide appraisals, receipts or agreed values to determine the amount of insurance necessary.