

Homeowners Quote Request Form

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| **Basic Information** | | | |
| Today’s Date: |  | Effective Date: |  |
| Name: |  | Phone#: |  |
| Email: |  | | |
| Property Address: |  | | |
| City: | State: | Zip: |  |
| County: |  | | |

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| **Current Coverage** | | | | |
| Dwelling Limit: |  | Scheduled Property Limit (jewelry, fine arts, etc.): | |  |
| Personal Property Limit: |  | Appraisal Under Two Years Available? | |  |
| Personal Liability Limit: |  | What is Your Wind/Hail Deductible? | |  |
| Medical Payments Limit |  | What is Your Other Loss Deductible? | |  |
| Number of Years With Current Carrier? |  | Current Carrier: | Annual Premium: | |

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| **Names:** | **SS#:** | **DOB:** | **Occupation:** | **College Level:** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

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| **Home Information: Which home is this?** Primary Secondary Rental | | | | | |
| Year Built: |  | Square Footage: |  | # Stories: |  |
| Construction Type: |  | Garage Type: | #Cars: | | |
| Foundation Type: |  | # Fireplaces: |  | | |
| Flooring (Choose type and  Percentage from drop downs): | % | # Bedrooms: |  | | |
| % | # Bathrooms: | #Full | #Half |  |
| % | Trampoline? |  | | |
| Pool? | Slide? | Diving Board? |  | Fenced? |  |
| Do You Own a Dog? |  | If yes, What is the Breed? |  | | |
| Estimated Value of Home: |  | Currently Under Renovations? |  | | |

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| **Roof Information** | | | |
| Year Installed? |  | Material? |  |
| Hail Resistant? |  | Class 4 Certificate Available? |  |

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| **Security** | | | |
| Gated Community? |  | Guarded? |  |
| Fire Extinguishers? |  | Deadbolts? |  |
| Smoke Detectors? |  | Backup Generator? |  |
| Interior Sprinklers? (Certificate Required) |  | Monitored Alarm? (Certificate Required) |  |

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| **Updates (if home is older than 20 years, give year updates were performed)** | | | | | | | |
| Plumbing: |  | Electrical: |  | HVAC/Heating: |  | Water Heater: |  |

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| **Mortgagee** | | | |
| Name: |  | Loan #: |  |
| Street Address: |  | | |
| City: | State: | Zip: |  |

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| **Prior Claims** | | | |
| Brief Description | Date: | Type: | Amount Paid: |
| 1. |  |  | $ |
| 2. |  |  | $ |
| 3. |  |  | $ |