

# Homeowners Quick Quote

Date:	_____	Phone No.:	_____					
Name:	_____							
Address:	_____							
City:	_____	State:	_____	Zip:	_____			
Date of Birth:	_____	Social Security No.:	_____					
Dwelling:	_____	Other Structures:	_____					
Contents:	_____	Liability/Med Payment:	_____					
Scheduled Personal Property:	_____ <i>(fine arts, jewelry, guns etc.)</i>							
Additional Other Structures:	_____							
Recreational Vehicles and/or Boats:	_____							
Year Built:	_____	Age of Dwelling:	_____	Deductible:	_____			
# of Families:	_____	Construction Type:	_____	Age of Roof:	_____			
Frame Style: (type of siding)	_____	Fuses or Breakers?	_____					
AMP Service:	_____							
# Stories:	_____	Sq. Feet:	_____	Garage:	_____			
# Cars	_____	(detached, attached, basement etc.)						
Age of Plumbing	_____	Age of Furnace	_____	Age of Wiring	_____			
Fireplace:	_____	Wood burner:	_____	# of Baths:	_____			
Den/Study:	_____	Family Room:	_____	Laundry:	_____			
Library:	_____	Sunroom:	_____	# Bedrooms:	_____			
Basement:	_____	Finished:	_____					
Fire Dept/Miles/Hydrants:	_____							
Smoke Alarms/Fire Extinguisher/Security System:	_____							
Pets?	Yes	No	Type?	_____	Any Bites?	_____		
Pool?	Yes	No	Fenced?	Yes	No	Slide?	Yes	No
Above or In ground?	_____	Diving Board?	Yes	No	Trampoline	Yes	No	
Prior Carrier:	_____	Cancelled/Non-Renewed:	_____					
Any Claims:	_____	(in last 3 years)	If yes, please explain:	_____				
Built-Ins:	_____	Air Conditioning:	_____	Porch/Deck:	_____			
Hot Tub:	_____	Dishwasher:	_____	Garbage Disposal:	_____			
Range Hood:	_____	Skylight:	_____	Ceiling Fan:	_____			
Trash Compactors:	_____	Wet Bar:	_____	Jetted Tub:	_____			
Hardwood/Marble/Tile Floors:	_____	Central Vacuum System:	_____					
Walls:	_____	Paint:	_____	Wallpaper:	_____			
Drywall Texture:	_____							
Any Home Business:	_____							
Additional Comments:	_____							