

HOME QUOTE SHEET

Name _____

Current Address _____ City _____ Zip _____

Phone # _____ Email _____

Insured Address (if different) _____

Your Date of Birth _____

Is This a New Home Purchase? Y * N If so,

Closing Date _____ Purchase Price \$ _____

Current Company _____

Current amount insured for \$ _____

Deductible \$ _____ Liability amount \$ _____

Escrow bill: Y N

Fire Hydrant within _____ ft

Age of: Home _____ Roof _____ Furnace _____

Electrical: Fuses * Circuit Breakers

Type of Heat : Forced Air Furnace * Boiler * Heat Pump

Fuel Service: Gas * Oil * Electric *

Central Air: Y N

Foundation Type: Crawl * Slab * Basement

If Basement: Finished % _____

#of Bathrooms: Full _____ Half _____

Flooring: Hardwood % _____ Carpet % _____ Carpet over Hardwood
% _____ Tile % _____

Underwriting: (When was the time you had a claim?)

of Claims in the last 5yrs _____ Details:

of Pets: Cat(s) _____ Dog(s) _____ Other _____ History of biting Y
N

Breed(s) _____

Qualify as Non-smoker _____ Smoke Detectors _____ Dead Bolts

Central Alarm _____ (needs certificate) AARP Member or
Other _____

Number of Children under 18 living in the household _____

Total Number of people in household: _____