

HOMEOWNERS INSURANCE QUOTE

DATE: _____

Name: _____ Referred by: _____

Address: _____

Home phone: _____ Work Phone: _____

SSN: _____ DOB: _____ Marital: M S D W

Occupation: _____ Employer: _____

BASIC UNDERWRITING

Prior Losses: Y N Details: _____

Prior Insurance: Y N Company: _____ Brush Area: Y N

BASE FEATURES

Number of Stories: 1 2 TRI Total Sq Feet: _____ Year Built: _____

Roof Type: _____ Roof Age: _____ # of Families: 1 2 3 4

Exterior Construction: _____ Built on Slab: Y N # Fireplaces: _____

Garage Type: ATT DET # of Cars: 1 2 3 4 Air Conditioning: Y N

Swimming Pool: Y N Diving Board: Y N Fenced?: Y N

Patio Sq Ft: _____ Balcony Sq Ft: _____ Deck Sq Ft: _____

Flooring: Carpet % Tile% Wood% Vinyl% Other: %

ROOMS

Total # Rooms: _____ # Full Baths: _____ # 1/2 Baths: _____

Family Room: Y N Laundry Room: Y N Office/Den: Y N

Formal Dining Room: Y N Other Rooms: _____

MISC FEATURES

Granite / Marble Countertops: Y N Woodburning stove: Y N

Dogs # _____ Breed(s): _____

Trampoline: Y N

SAFETY FEATURES

Smoke Detectors: Y N Dead Bolts: Y N Sprinklers: Y N

Alarm (circle type): Local Central Company: _____ Fire Ext: Y N

Updates:

| | | | |
|--------|---------|----------|--|
| Wiring | Heating | Plumbing | |
|--------|---------|----------|--|

Year Updated:

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|--|--|--|---|--|
| | | | Deductible: <table border="1"><tr><td></td></tr></table> | |
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