

# 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	
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Year Updated: 

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