

**Homeowners Request for Quote**

NAME		Occupation	ADDRESS OF PROPERTY TO BE INSURED	
ADDRESS			DAYTIME TELEPHONE NUMBER	
CITY	STATE	ZIP	EVENING TELEPHONE NUMBER	
YOUR SOCIAL SECURITY No.		YOUR SPOUSES SOCIAL SECURITY No.		COUNTY
			IS THIS YOUR PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF FAMILIES IN RESIDENCE

**IS YOUR HOME...**

A HOUSE THAT YOU OWN <input type="checkbox"/> Yes <input type="checkbox"/> No		YEAR BUILT? _____	<input type="checkbox"/> Apartment/Co-op <input type="checkbox"/> Rental House <input type="checkbox"/> Condo/Co-op <input type="checkbox"/> Own <input type="checkbox"/> Rent	
ROOF <input type="checkbox"/> Tile or Slate <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Other _____		Year Roof Installed _____ Year Wiring Updated _____ Year Plumbing Updated _____ Year Heating Updated _____	HOW MANY? Apts/Condos in Your Building? _____ Rooms in Your Unit? _____ CONSTRUCTION: <input type="checkbox"/> Wood/frame <input type="checkbox"/> Brick Masonry <input type="checkbox"/> Other _____	
IF YOU ARE RENTER OR IF YOU OWN A CONDO HOW MUCH COVERAGE DO YOU WANT ON YOUR HOUSEHOLD BELONGINGS PERSONAL PROPERTY? \$ _____				

**GENERAL INFORMATION...**

NAME OF RESPONDING FIRE DEPT.		CURRENT INSURANCE COMPANY	
Distance to Fire Dept. _____ mi. Distance to Hydrant _____ ft.		CURRENT POLICY EXPIRATION DATE	
<input type="checkbox"/> Inside city limits <input type="checkbox"/> Outside city limits <input type="checkbox"/> Inside protected suburban area		HAVE YOU HAD ANY HOMEOWNERS CLAIMS IN THE PAST 3 YEARS <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES GIVE DESCRIPTION INCLUDING DATES AND AMOUNTS: _____	
DO YOU HAVE ANY OF THE FOLLOWING?			
Smoke Detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Dogs# _____ Breed _____	Burglar/Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Extinguisher <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe in comments section below	
Dead Bolt Locks on all exterior doors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trampoline <input type="checkbox"/> Yes <input type="checkbox"/> No		
IS ANY BUSINESS OR CHILD CARE CONDUCTED ON YOUR PROPERTY? IF SO, WHAT TYPE? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAS ANY COMPANY DECLINED, CANCELLED, OR REFUSED TO RENEW SIMILAR COVERAGE FOR YOU IN THE PAST 3 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO	
COASTAL STATES: Distance to water _____ miles Elevation _____ feet		IF YES GIVE DETAILED COMMENTS BELOW	
Have you or a household member had a foreclosure, repossession, bankruptcy, judgement in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**ABOUT YOUR HOME. IF YOU ARE A RENTER OR CONDO OWNER STOP HERE. SIGN AT BOTTOM OF FORM AND RETURN.**

WHAT WOULD YOUR HOME SELL FOR TODAY? \$ _____	HOME CURRENTLY INSURED FOR? \$ _____	Amnt. of Deductible? <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> Other _____
STYLE OF HOUSE: <input type="checkbox"/> Town House/Row House <input type="checkbox"/> Colonial (2 Stories) <input type="checkbox"/> Cape Cod (1 1/2 Stories) <input type="checkbox"/> Ranch (1 Story) <input type="checkbox"/> Split Level Bi-Level <input type="checkbox"/> Victorian (2 1/4 - 3 Stories)		GROUND FLOOR SQ. FT. _____
EXTERIOR WALL CONSTRUCTION <input type="checkbox"/> Aluminum/Vinyl Siding <input type="checkbox"/> Solid Brick/ Masonry <input type="checkbox"/> Other _____ <input type="checkbox"/> Frame/Wood <input type="checkbox"/> Brick/Masonry Veneer		Total Living Area (sq. ft.) (Excluding Basement)
NO. OF BATHS FULL _____ HALF _____ NO. OF ROOMS Excluding Hallways _____		Porch <input type="checkbox"/> Open <input type="checkbox"/> Enclosed
GARAGE <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> Attached <input type="checkbox"/> Basement (Bi-Level Homes Only) <input type="checkbox"/> Built-in <input type="checkbox"/> Carport		Deck (sq. ft.)
PLEASE CHECK IF YOU HAVE: <input type="checkbox"/> Central Heat <input type="checkbox"/> Other (Please explain in comments section) <input type="checkbox"/> Wood Stove		Finished Basement (sq. ft.)
DO YOU HAVE A SWIMMING POOL <input type="checkbox"/> Yes <input type="checkbox"/> No Is It Fenced <input type="checkbox"/> Yes <input type="checkbox"/> No Diving Board <input type="checkbox"/> Yes <input type="checkbox"/> No		Unfinished Basement (sq. ft.)
Personal Liability Amount \$ _____ Medical Payment Amount \$ _____		FIREPLACE <input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS:		
I hereby declare that I personally have read this request and I declare that the statements made are true. I understand that this is a request for a quotation only and that I am under no obligation.		SIGNATURE OF REQUESTANT _____ DATE _____

If possible, please include a copy of your current policy when returning this form.