

Home Insurance Quote Questionnaire

Fill out this form and return it to us and we will shop your coverage for you through several insurance companies to find you the best coverage and rate.

1. GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Email : _____

Phone: Home: _____ Work: _____

2. COMPLETE THIS SECTION FOR A HOMEOWNERS QUOTATION. Condo-owners and renters skip to next section.

Dwelling Amount (Cov. A): \$ _____ Year Built: _____
(Please check your current policy, if available, for this amount)

Construction: Percent Brick ____% Percent Frame ____%

Number of mortgages on home: _____ Roof Type: _____
(Include Home Equity Lines of Credit) (Asphalt Shingle, Wood Shake, Clay Tile, etc.)

3. COMPLETE THIS SECTION FOR A CONDOMINIUM OR RENTERS QUOTATION.

I rent a home, condo or apartment.

I own a condominium.

Personal Property Amount (Cov. C): \$ _____

No. of Apartments or Condo Units in Building: _____

Approximate Age of Building: _____ years old.

Construction: Brick Frame Fire Resistive

4. LOSS EXPERIENCE

Have you had any losses in the last five years? Yes No If yes, please describe below.

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID BY INSURANCE
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5. AVAILABLE DISCOUNTS

Do you have any of the following protective devices (Check all that apply):

Smoke detectors

Dead bolt locks

Fire extinguisher

Fire alarm

Burglar alarm

To Fire Dept.

To Police

To alarm company

To alarm company

24-Hour Security Guard

Sprinklers in building

Dates of birth for you and spouse: You _____ Spouse _____

How long have you lived at this address? _____

If less than 3 years, what is your prior address? _____

6. SPECIAL COVERAGES

If there are any special coverages that you now have (for example: Scheduled Personal Jewelry or Water Backup) please list them below along with the amount of coverage.

What is the name of your current insurance company? _____

When does your current policy expire? _____

Click below to email form.