

HOME QUOTE SHEET

REQUESTED EFFECTIVE DATE:

INSURED 1		INSURED 2	
NAME:	<input type="text"/>	<input type="text"/>	
DOB:	<input type="text"/>	<input type="text"/>	
OCCUPATION:	<input type="text"/>	<input type="text"/>	
PHONE #:	<input type="text"/>	EMAIL:	<input type="text"/>
ADDRESS:	<input type="text"/>	CITY:	<input type="text"/>
	<input type="text"/>	STATE:	<input type="text"/>
	<input type="text"/>	ZIP:	<input type="text"/>
TIME AT THIS ADDRESS:	<input type="text"/>	OCCUPANCY (own/rent/other):	<input type="text"/>
PRIOR ADDRESS:	<input type="text"/>	CITY:	<input type="text"/>
(if < 4 years)	<input type="text"/>	STATE:	<input type="text"/>
TIME AT THIS ADDRESS:	<input type="text"/>	ZIP:	<input type="text"/>
	<input type="text"/>	OCCUPANCY (own/rent/other):	<input type="text"/>

PROPERTY DETAILS

YEAR BUILT:	<input type="text"/>	# OF STORIES:	<input type="text"/>	TOTAL SQ FT:	<input type="text"/>
AGE OF ROOF:	<input type="text"/>	FINISHED BASEMENT %:	<input type="text"/>	WALK OUT:	<input type="text"/>
DETACHED STRUCTURES:	<input type="text"/>	IF SO, DESCRIBE (type/approx value):	<input type="text"/>		
# OF FIREPLACES:	<input type="text"/>	IF SO, TYPE (gas/wood burning/other):	<input type="text"/>		
HAS THE HVAC, PLUMBING OR ELECTRICAL BEEN UPDATED:	<input type="text"/>	IF SO, WHEN:	<input type="text"/>		
IS THERE A POOL, HOT TUB, TRAMPOLINE:	<input type="text"/>	IF SO, DESCRIBE:	<input type="text"/>		
ANY DOGS OR EXOTIC ANIMALS:	<input type="text"/>	IF SO, BREED:	<input type="text"/>		
IS THERE AN ALARM SYSTEM OR CAMERAS:	<input type="text"/>	IF SO, DESCRIBE:	<input type="text"/>		
ANY SCHEDULED ITEMS:	<input type="text"/>	IF SO, DESCRIBE (type/value):	<input type="text"/>		

CURRENT INSURANCE POLICY DETAILS

COMPANY:	<input type="text"/>	SINCE (yr):	<input type="text"/>	EXP DATE:	<input type="text"/>
CURRENT POLICY TYPE (Homeowners/Condo/Renters):	<input type="text"/>	ANY CLAIMS IN LAST 5 YEARS:	<input type="text"/>		
IF SO, DESCRIBE (claim cause/date/amount):	<input type="text"/>				
PAYMENT MODE (annual, semi-annual, quarterly, monthly):	<input type="text"/>	IS INSURANCE PREMIUM ESCROWED:	<input type="text"/>		

***PLEASE PROVIDE A COPY OF YOUR CURRENT POLICY OR COMPLETE THE FOLLOWING:**

CURRENT COVERAGE LIMITS

DWELLING:	<input type="text"/>	DEDUCTIBLE:	<input type="text"/>
PERSONAL PROPERTY:	<input type="text"/>	LIABILITY:	<input type="text"/>
MEDICAL PAYMENTS:	<input type="text"/>	SEWER BACK UP:	<input type="text"/>
EARTHQUAKE (deduct):	<input type="text"/>	OTHER:	<input type="text"/>