

Home Quote Sheet									
Date:					Policy Type: Primary 2nd DwFire HOBT HOBC				
First Named Insured:									
Name:				DOB:			SSN:		
Occupation:			# Yrs:		Education:				
Second Named Insured (if applicable):									
Name:				DOB:			SSN:		
Occupation:			# Yrs:		Education:				
Contact Information:									
Home Phone:				Cell:			Work:		
Email address:					Referral/Other Business:				
Property Information:									
Address (property location):							Expected Close Date:		
City:		State:		County:		ZIP Code:		# Yrs:	
Year Built:		Construction Type:			Roof Type:			Year Roof Replaced:	
# Stories:		Sq. Feet:		# Acres on:		# of Full Baths:		# Half Baths:	
How many car garage?		<input type="checkbox"/> Attached or <input type="checkbox"/> Detached		Carpport?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Built on?		<input type="checkbox"/> Slab or <input type="checkbox"/> Crawl Space		Smoke Detector?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Deadbolts?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Homeowners Association?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Gated Community?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: Patrolled?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pool:		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: Slide or Diving Board?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: Pool fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alarm?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: <input type="checkbox"/> Local or <input type="checkbox"/> Monitored		If Monitored: <input type="checkbox"/> Burglar <input type="checkbox"/> Fire <input type="checkbox"/> Both			
Fireplace?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Dog? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Mix or Breed:			
Any Updates On:		Wiring? <input type="checkbox"/> Yes <input type="checkbox"/> No Year:		Plumbing? <input type="checkbox"/> Yes <input type="checkbox"/> No Year:			AC/Heat? <input type="checkbox"/> Yes <input type="checkbox"/> No Year:		
Feet from Hydrant:		Miles for Fire Station:		Name of Fire Dept.?					
Current Carrier/Title Co:					Expiration Date:			Years with Carrier:	
Reason for Change:									
Current Policy Information:									
Dwelling Amount:				Personal Liability Amount:			Medical Amount:		
Deductibles:		Other Perils:		Wind/Hail:			Jewelry/Art Amount:		
Mortgagee Name and Address:							Loan #:		
Who pays Homeowners Insurance? <input type="checkbox"/> You <input type="checkbox"/> Mortgagee					Flood Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Claims in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:									
Remarks:									
								CSR:	