

Homeowners Quote Sheet

Date: ____/____/____

Name: _____ Spouse Name: _____

Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at this address? _____ If less than 6 months, what is prior address?

Street _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone # (____) - ____ - ____ Secondary # (____) - ____ - ____

Email Address: _____

Marital Status: Single Married Widowed Separated Divorced

DOB : ____/____/____ Spouse DOB: ____/____/____ Smoker or Non- Smoker?

SS# ____ - ____ - ____ Spouse SS# ____ - ____ - ____ Purchase Price: \$ _____

Mortgage Company: _____ Amount to Pay off Mortgage: _____

Address: _____ City: _____ State: _____ Zip: _____

of Claims in the last 5 years? _____ Details: _____

Prior Insurance Company: _____ How Long: _____

Liability Amount 100k 200k 300k 500k 1M Deductible \$ _____ Med Pay: \$ _____

How many children under 21? _____ Business/Farming on premises? Y or N Describe: _____

Construction Year: _____ Construction Type: Frame Masonry Manufactured: Make/Model _____

Foundation Type: Slab Crawlspc Basement - If so, Walk-out _____ % finished _____

Type of Roof: Metal Asphalt Shingle Other _____

Exterior Wall Type: _____ Dead Bolt Locks: _____ Smoke Detector: _____ Fire Extinguisher: _____

Updates – Year Completed: Roof _____ Electrical _____ Plumbing _____ HVAC _____

Heating Source: Gas Electric Baseboard Woodstove: Y or N Location: _____

Fireplace: Y or N Type: Gas or Wood burning Wood Deck/Porch: _____ sq. ft.

Ground Floor Sq Ft: _____ # of Stories _____ # of baths 1 1.5 2 2.5 3 Amount of Land: _____

Outbuilding Sq Ft: _____ Exterior Wall Type: _____ Roof Type : _____ Value:\$ _____

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Fire Department: _____ # miles from F.D. _____ Hydrant within: 500ft _____ 1000ft _____

Pool _____ Fenced and Gated _____ Trampoline _____ Netting _____ Security System Y or N Monitored? Y or N

Dogs _____ Breed(s): _____ Bite History: Y or N Guns _____ Jewelry _____ Collections _____

EQ % _____ Water Backup _____ Other: _____