

Home Quote Questionnaire

Date: _____

Agent: _____

Name: _____ Occupation: _____

DOB: _____ Social Security #: _____

Spouse Name: _____ Occupation: _____

DOB: _____ Social Security #: _____

Home is Titled how/in who's name: _____

If different title name, why?: _____

Risk Location: _____

Usage: Primary: _____ Secondary: _____ Seasonal: _____ Tenant: _____

Previous/Current Carrier: _____ Length of Time with Carrier: _____

Expiring Premium: _____ Reason for cancellation or non renewal: _____

Losses in Past 5 years:

Date of Loss	Description	Amount Paid	Preventative Measures
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Construction: _____ Protection Class: _____ Year Built: _____

Updates-year: Wiring: _____ Plumbing: _____ Heating: _____ Roof: _____

Wood Stove? _____ Fireplace(s)? _____ Number: _____ Wood or Gas: _____

HO-3 _____ HO-4 _____ HO-6 _____

Coverage	Limits	Other Exposures
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Dwelling RCV _____	_____	Pool: Y or N Animals: Y or N Breed: _____
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Other Structures _____	_____	Trampoline: Y or N
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Personal Prop RCV _____	_____	Business/Daycare/Farming on Premises: Y or N
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Loss of Use/Rents _____	_____	Water Back Up: Y or N
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Personal Liability _____	_____	Equipment Breakdown: Y or N
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Medical Payments _____	_____	Service Line: Y or N
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Deductible _____	_____	Undamaged Roofing or Siding: Y or N
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Schedule items-Jewelry, Guns, Musical Instruments: Y or N

Loss prevention items

Central Fire Alarm? Y or N Central Station Burglar Alarm? Y or N

Deadbolts? Y or N Smoke Detectors? Y or N Battery or Hardwired or Both?