

# Homeowners Quote Questionnaire

<b>General Information</b>		
Name:	Phone #:	
Address:	Mobile #:	
City/State/Zip:	Email:	
County:	Social Security #:	
Occupation:	Date of Birth:	
Employer	Current Insurance Carrier/Expiration Date	
Has any coverage been cancelled, declined, or non-renewed within last 3 years? Yes No		
<b>About the Home</b>		
New Purchase? Yes No		Purchase Price:
Current Insured Value?	Current Property Deductible:	Total Square Footage:
Year Built:	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Stucco	Local / Central <input type="checkbox"/> Burglar/Fire Alarm <input type="checkbox"/> Gated Entrance
# of Stories	Fireplace? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many? _____ Gas/Wood? _____	# of Chimney's? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
# of Bathrooms?	Garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Basement <input type="checkbox"/> Built-In <input type="checkbox"/> Carport	Garage # of Car? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Basement Finished? <input type="checkbox"/> Yes <input type="checkbox"/> No	Basement Square Footage?
Heat Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	Porches: _____ Square Footage Decks: _____ Square Footage	Roof Type:
Number of miles to Fire Station _____ Number of feet to Fire Hydrant _____ Other Water Source? If yes, describe		
Responding Fire Dept:		
If home over 25 years – update to:		
	<b>Year:</b>	<b>Complete/Full</b>
	Heating _____	_____
	Wiring _____	_____
	Roofing _____	_____
	Plumbing _____	_____

**Credits/Questions**Swimming Pool?  Yes  No,  In Ground  Above Ground , Fenced  Yes  NoAny Business conducted on premises?  Yes  No Type\_\_\_\_\_Any Full Time Employees?  Yes  No Type\_\_\_\_\_Do they reside on property?  Yes  NoIs property on more than 5 acres?  Yes  NoAny animals on premises?  Yes  No Type\_\_\_\_\_ #\_\_\_\_\_Any detached buildings?  Yes  No Construction Type\_\_\_\_\_ Size/Square Footage\_\_\_\_\_ Use\_\_\_\_\_**Mortgage Information**

Name of Mortgage Company:

Loan #:

Address

Is Mortgage escrowed?  Yes  No**Collections**

Jewelry total value \$ _____	Jewelry – In Vault (If Applicable) total value \$ _____	Furs total value \$ _____
Fine Arts total value \$ _____	Musical Instruments total value \$ _____	Silverware total value \$ _____
Firearms total value \$ _____	Other Property (Describe) total Value \$ _____,	

Claims within the past 3 years?  Yes  No If yes, please give date & details:**Is a Personal Umbrella policy desired? If yes, Limit \_\_\_\_\_**

Additional Remarks:

Referred By: \_\_\_\_\_ Information taken by: \_\_\_\_\_ Date: \_\_\_\_\_