

HOMEOWNERS QUOTE INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ COUNTY: _____

PHONE: _____ EMAIL: _____

SOCIAL SECURITY #'S: _____

CURRENT INSURANCE CARRIER: _____

AMOUNT OF COVERAGE: _____ LOAN AMOUNT: _____

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CONSTRUCTION: Brick / Frame / Alum Siding / Vinyl Siding / Cinder Block

NUMBER OF FAMILIES: _____ NUMBER OF STORIES: _____

YEAR OF CONSTRUCTION: _____

YEAR UPDATED: Roof: _____ Electric: _____ Plumbing: _____ Furnace: _____

BASEMENT: Yes / No FINISHED SQUARE FOOT: _____ Is there a sump pump:
Yes / No Battery Back Up Pump: _____

GARAGE: Attached / Detached NUMBER OF CARS: _____

FIREPLACE: Yes / No Number of Hearths: _____ Number of Chimneys: _____

NUMBER OF BATHS: Full: _____ ½: _____

CENTRAL AIR: Yes / No

PORCHES / DECKS / BREEZEWAYS: Square Footage: _____

GROUND FLOOR SQUARE FOOT: _____

SPECIAL FEATURES: _____

1000 FEET FROM HYDRANT: Yes / No 3 MILES FROM FIRE DEPARTMENT: Yes / No

TRAMPOLINE: Yes / No SWIMMING POOL: Yes / No FENCED YARD: Yes / No

TYPE & BREED OF PETS: _____

ANY LOSSES: _____