

HOME OWNER'S INSURANCE QUOTE

Name on Property: _____

Property Location: _____

Address _____ *City* _____ *State* _____ *Zip* _____

Age of Owner: _____

Current Amount of HO Coverage _____ Deductible _____

Company name of current insurance _____

Earthquake Coverage? (circle one) Yes No

Any Homeowners claims in last 3 years? (circle one) Yes No Under \$1000 _____ Over \$1000 _____

Age of Home _____ Year Built _____

Type of Framing? Brick Frame

% Vinyl Siding _____ % Stucco _____ % Brick _____

How Many Full Stories? _____ Garage/# of Bays _____

(circle one) Rambler Split Entry Multi Level Other _____

Estimated square feet on main level _____ Square Foot in basement _____

% of Basement Finished _____ Total Square Footage _____

Type of Roof (circle one) Tar & Gravel Asphalt Shingle Metal Tile

Trampoline? Yes No Swimming Pool? Yes No Wood Stove? Yes No Dog(s)? Yes No Breed _____

Protection Devices:

Smoke Detector Burglar Alarm Dead Bolts Fire Extinguishers

Fire Monitored (by private company) Burglar Monitored (by private company)

Non-Smoker? Yes No

If your home is older than 1955 or it has been updated at anytime, please fill in the appropriate dates:

Electrical/Wiring _____ Years ago

Is the Home on: (circle one) Circuit Breakers Fuses

Wiring in the walls replaced? Yes No Years Ago _____

Type of Heating: (circle one) Forced Air (gas) Boiler Electric Year Replaced _____

Furnace Replaced? Yes No Years Ago _____

Plumbing Updated? Yes No Years Ago _____