KERNS INSURANCE

Office: 812-709-9737

Email: edkerns@kernsinsurance.com

Fax: 812-295-5111

Home Quote

CLIENT NAME			DATE:	Rep:	
Property Address:				County:	
Mailing Address: Telephone Number:					
Have you been at you	ur current address for less than a	year? Yes /	No Prior a	address if less than	3 years:
Occupants over 18: N	lames, SS#, & DOB (if not listed o	n auto quote):			
	EXP Date:				
Current Umbrella Pol	icy: YES/ NO Current Schedule	d Property: YES	/NO		
Loss History 5 years:					
Fire department:	Dista	nce:mi	les Hydrant	within 1000 FT? Y	ES/NO
	Year Built:Year Purc	nased:	_ Purchase Price		
If > than 20 yrs: Upd	ateded YES/NO? (year)- Wiring	: Heat:	Plumbing	g:Roof:	
Heat : Gas/ Electric	# Fireplaces Wood S	tove YES/NO	Circuit Breakers	YES/NO Roof type):
Construction Type: F	rame, Brick Veneer, Other please	e list	# Storie	es Total SQF	Т:
# Bathrooms:full	half Slab/Crawlspace/Ba	sement If B	asement is it finish	ned? YES/ NO	%
Garage: YES/NO Att	ached, Basement, or Detached	# of cars	Carport Y	ES/NO #of Cars	
Other buildings (desc	ription/value):				
		Por	ches	_Sq ft Decks	Sq ft
Swimming Pool YES	/NO –Fenced YES /NO InGround	d Yes No	Frampoline YES/N	IO—Fenced/Netted	YES /NO
Scheduled Personal F	Property (coverage for special ite	ms):			
Pets /Farm Animals (Breed description and #):				
Business Conducted	on Premises :				
Mortgagee: YES/NO	Bank:	Escre	ow Billed: YES/NO	Pay Plan:	
	Requ	ested Coverage	e		
Dwelling:	Liability: Med P	ay:	DED:		

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Earthquake: YES/NO Mine Subsidence: YES/NO

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Sewer Backup: YES/NO

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Notes:	
Discou	nts:
1.	How long with current home insurance carrier?
2.	Email Address:
3.	Married or Single?
4.	Fire Extinguisher: Yes / No Smoke Alarms: Yes / No Central Burglar/Fire Alarms:
5.	Education Level Discount: High School Diploma/GED Some College College Degree
6.	EFT, Mortgagee or Bill By Mail: