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**281-391-3133** [**www.BIG4INS.com**](http://www.BIG4INS.com)[**mark@battistoneinsurancegroup.com**](file:///C%3A%5CUsers%5CBattistone%5CDocuments%5CBattistone%20Insurance%20Group%5Cmark%40battistoneinsurancegroup.com)

**Home Quote Form**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Built\_\_\_\_\_\_\_\_\_\_\_\_\_1 Story\_\_\_\_\_2 Story\_\_\_\_\_\_\_

Garage \_\_\_\_\_1\_\_\_\_\_\_2\_\_\_\_\_3\_\_\_\_\_\_4 cars \_\_\_\_\_ attached \_\_\_\_\_detached

Kitchen \_\_\_\_Gas \_\_\_\_\_\_ Electric

A/C \_\_\_\_yes \_\_\_\_no # of units and size of units\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Construction Type

Floor Plan \_\_\_\_Carpet \_\_\_\_\_Hardwood \_\_\_\_\_Ceramic Tile \_\_\_Vinyl Tile

Fireplace/Type \_\_\_\_yes \_\_\_\_no \_\_\_\_\_Metal \_\_\_\_\_\_Masonry

Dogs (Threat/Vicious) \_\_\_\_yes \_\_\_no- breed and weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any claims in last 3 years: \_\_\_yes\_\_\_ no if yes, Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Insurance Carrier: \_\_\_\_yes\_\_\_\_\_ no If Yes, Carrier Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coverage Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Renters Insurance Info:**

Year Complex Built: \_\_\_\_\_\_\_\_\_\_\_

Access Gateway/# Exits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alarm System: \_\_\_\_yes \_\_\_\_no

Square Footage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any claims in last 3 years: \_\_\_yes\_\_\_ no if yes, Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Insurance Carrier: \_\_\_\_yes \_\_\_\_no

If Yes, Carrier Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp date\_\_\_\_\_\_\_\_ Policy#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coverage Amount $25,000 minimum:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Quote Sheet only- THIS IS NOT AN APPLICATION We will work hard to get your quote back to you ASAP.**

**Battistone Insurance Group Fax quote form to 281-385-8735 or email to** [**mark@battistoneinsurancegroup.com**](file:///C%3A%5CUsers%5CBattistone%5CDocuments%5CBattistone%20Insurance%20Group%5Cmark%40battistoneinsurancegroup.com)