

HDS Insurance Fax: 775-267-3700 Phone: 775-267-9947
HOME QUOTE INFO.

Applicant # 1

NAME: _____

Phone # _____

DOB _____

SSN# _____

Employed or Retired?

Applicant # 2

NAME: _____

Phone # _____

DOB _____

SSN# _____

Employed or Retired?

Address

Risk Address _____

Mailing Address _____

Address less than 3 yrs? Y/N prior add _____

prior carrier name _____ eff date _____ exp date _____ policy # _____ prem _____

reason for no prior _____ losses last 3 yrs _____

Dwelling prim/secondary/rental

Inside city limits? Y/N Year Built _____ Date Purchased _____ Const type _____ Type of

roof? _____ Yr. roof repl. _____ stories: 1 or 2 Sq. ft. _____ Attached Garage? Y/N size _____

Detached buildings? _____ Number or baths _____ Heating Source? _____ Fireplace? Y/N How

many? _____ Swimming Pool? Y/N Is it fenced? Y/N Feet from hydrant _____ Miles to fire stat. _____ Fire protection

provider _____

Coverages:

Value of Home _____ Personal Liab 100,000 200 300 400 500 Med Pay 1000 2 3 4 5

DED 500 1000 2000 3000 4000 5000 CREDITS: Protective devices _____ Gated? Y/N Central or Local alarm? Y/N

Endorsements:

Valuable Items: \$ _____ business pursuits Y/N earthquake Y?N identity fraud Y/N

personal injury Y/N other structures off premises Y/N Toys? (ATV, Travel Trailer, RV, Boat, etc.) If yes, describe below

NOTES: