



Intake Date: _____

Homeowner's Insurance Quote Form

Please call 302-841-1222 for any questions or concerns filling out this form.

Personal Information

Name: _____ DOB: _____

Name: _____ DOB: _____

Mailing Address: _____

Phone Number: (_____) _____ - _____

Phone Number: (_____) _____ - _____

Employer: _____ Years: _____

Occupation: _____

Home Information

Property Address: _____

Any Losses?: Y ___ N___ If yes, when? _____

Amount Paid: \$ _____ Reason for loss: _____

Will this be your: Primary Home ___ Secondary Home ___

Seasonal Home ___ Year Round ___ Vacant ___

Rental ___ (How many weeks?) ___

Year Built: _____ Square Feet: _____ # of floors: _____

Construction Frame: _____ Masonry: _____

Dwelling: ___ Modular: ___ Townhouse: ___ Condo: ___ If a
condo, what floor is it on? _____

MOBILE HOME SPECIFIC: MAKE: _____

MODEL: _____

SIZE: _____ **TITLE OR DEED:** _____

BLOCKED FOUNDATION OR SKIRTED: _____

Other Structures: Garage: ___ Shed: ___ Fence: ___ Attached: Y ___ N ___

Foundation Type: Slab: ___ Block: ___ Stilts (Post 1975): ___

Opened/Closed: _____

Smoke Detector: ____ Sprinkler: ____ Local Alarm Company: ____
Certificate: ____ Flood Insurance Active: ____
Would you like a quote? ____ Do you have a flood elevation certificate?
Y__ N__ (You will need a copy of it to provide a quote)
Flood Zone: _____ Distance to tidal water: _____
Ocean/Bay/River/Canal: _____
Within 5 miles of a fire department? Y__ N__ Within 1000 feet of a fire
hydrant? Y__ N__

Home Updates - Please list the year next to the updates

Roof: _____ Roof Material: _____ Wiring: _____
Plumbing: _____ Water Heater: _____ Heating: _____
Heating Type: _____

Home Details

Date Home Purchased: _____ Purchase Price: \$ _____
Roof Shape: _____ Heating Type: _____
Fireplace: Gas | Electric | None Woodstove: Y__ N__
Swimming Pool: Y__ N__ Trampoline: Y__ N__ Dogs: Y__ N__
How many: _____ Breed: _____ Bite History: Y__ N__

Coverages

Dwelling amount requested: \$ _____
Personal contents: \$ _____
Other Structures: \$ _____ Loss Assessment: \$ _____
Liability: \$300,000 or \$500,000 \$ _____
Loss of use: \$ _____ Water Back Up: \$1,000 __ \$5,000 __ \$10,000 __
Mold: \$1,000 __ \$5,000 __ \$10,000 __ Replacement Cost: Y __ N __
Med Pay To Others \$1,000 __ \$5,000 __ \$10,000 __
AOP Deductible \$500 __, \$1000 __, \$2,500 __, \$5,000 __, \$10,000 __

New Home Details

New Purchase: Y __ N __ Settlement Date: ____/____/____
Lender: _____
Mortgage Contact Person: _____
Mortgage Contact Phone: (____) _____ - _____

If you have or will have a mortgage.....

Mortgage Clause: _____
Mortgage Address: _____

Mortgagee Loan Number: _____