

HOMEOWNER QUOTE SHEET

DATE: _____ AGENT: _____

APPLICANT: _____

PHONE: _____

D.O.B. _____ SSN# _____

OCCUPATION: _____ YEARS EMPLOYED: _____

SPOUSE: _____

D.O.B. _____ SSN# _____

OCCUPATION: _____ YEARS EMPLOYED: _____

DWELLING:

ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP CODE: _____

PREVIOUS ADDRESS (IF LESS THAN THREE YEARS):

DATE PURCHASED: _____ YEAR BUILT: _____

INSIDE/ OUTSIDE CITY LIMITS (IF OUTSIDE GIVE DISTANCE): _____

PURCHASE PRICE OR APPRAISED VALUE: _____

OWNER OR TENANT OCCUPIED: _____

CONSTRUCTION: _____ # OF STORIES: _____

H&C SQ FOOTAGE: _____ FOUNDATION: _____

GARAGE/ CARPORT: DETACHED/ ATTACHED: # OF CARS: _____

OF BATHS: _____ FIREPLACE: _____ CENTRAL AIR/ HEAT: _____

ROOF MATERIAL: _____ ANY IMITATION STUCCO: _____

ALARM SYSTEM: _____ TYPE: _____

PORCH (WITH SQ. FT): _____ DECK (WITH SQ. FT): _____

POOL: _____ DIVING BOARD/ SLIDE: _____ FENCED: _____ TRAMPOLINE: _____ NET: _____

DOGS OR FARM ANIMALS: _____ IF SO, BREED: _____

UPDATES:

HEATING AND COOLING: YEAR _____ PARTIAL OR COMPLETE

WIRING: YEAR: _____ PARTIAL OR COMPLETE

PLUMBING: YEAR: _____ PARTIAL OR COMPLETE

ROOF: YEAR: _____ PARTIAL OR COMPLETE

DISTANCE TO HYDRANT: _____ DISTANCE TO FIRE DEPT: _____

PROTECTION CLASS: _____ RESPONDING FIRE DEPT: _____

ACREAGE: _____

LIST ALL CLAIMS IN THE PAST FIVE YEARS:

HAS PREVIOUS INSURANCE BEEN CANCELLED OR NON-RENEWED, EXPLAIN:

PRESENT INSURANCE CO: _____ EXP DATE: _____

COVERAGES:

DEDUCTIBLE: _____ LIABILITY: _____

EARTHQUAKE: _____ MEDICAL: _____

ARE THERE ANY SCHEDULED ITEMS (LIST):

MORTGAGEE NAME AND ADDRESS:

PREMIUM PAID BY MORTGAGE CO: _____