

# WE GOT YOU COVERED INSURANCE AGENCY

*Insurance - Risk Management - Administrative Services*

195 MAIN STREET • NEW MILFORD, NJ 07646

Tel. 201-523-9048

EMILY@WEGOTYOUCOVERED.COM

**HOMEOWNERS QUOTE:** **Date:**    /    /    **Info Taken by:** \_\_\_\_\_ **Producer or Referred by:** \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Town: \_\_\_\_\_ Cell. #: \_\_\_\_\_

Location if different from above: \_\_\_\_\_

Email address: \_\_\_\_\_

| APPLICANT INFO.         | CO-APPLICANT INFO       |
|-------------------------|-------------------------|
| name: _____             | name: _____             |
| DOB: _____ ssn #: _____ | DOB: _____ ssn #: _____ |

## HOUSE INFORMATION: owner or tenant occupied

Structure type: house, apartment, condo or townhouse

flat roof: Y or N

sq. footage: \_\_\_\_\_

garage & type: \_\_\_\_

year constructed: \_\_\_\_\_

# of stories: \_\_\_\_\_

# of families: \_\_\_\_

circle one: frame, masonry, modular

central a/ c: \_\_\_\_\_

# of fireplaces: \_\_\_\_

heating: gas, oil, propane or electric

finished basement: \_\_\_\_\_

# of bathrooms: \_\_\_\_

dist. from water: \_\_\_\_\_

wood burning stove: \_\_\_\_\_

In ground oil tank: \_\_\_\_\_

swimming pool & type: \_\_\_\_\_ →

diving board: \_\_\_\_\_

trampoline: \_\_\_\_\_

Any business operations in home \_\_\_\_\_ type of business \_\_\_\_\_

## COVERAGE:

dwelling: \_\_\_\_\_

personal property: \_\_\_\_\_

deductible: \_\_\_\_\_

liability: \_\_\_\_\_

medical payments: \_\_\_\_\_

mortgage amount: \_\_\_\_\_

mortgage billed: Y or N

## CREDITS &/or SYSTEMS *please circle all that apply:*

claims in 5 years: Y or N

non-smoker Y or N

sump pump Y or N

smoke detectors Y or N

central alarm: Y or N

video surveillance Y or N

automatic generator Y or N

## SPECIAL COLLECTIONS / AMOUNT SCHEDULED ITEMS:

jewelry: \_\_\_\_\_

furs: \_\_\_\_\_

other: \_\_\_\_\_

Any PETS & type: \_\_\_\_\_ Any bite history: \_\_\_\_\_

Current insurance: Y or N    Years with current carrier: \_\_\_\_\_    Expiration date: \_\_\_\_\_

In the past 5 years has your policy ever been cancelled or non-renewed? Y or N

In order to qualify for our best rate, we ask for your social security number.