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**ERWIN**  
INSURANCE AGENCY

A NAME YOU CAN TRUST.

Homeowner Quote Questionnaire

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
Spouse Name \_\_\_\_\_  
DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation \_\_\_\_\_

Risk Address (to be insured): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prior Address/Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# of Claims in past 3 yrs.? \_\_\_\_\_ Date/Detail? \_\_\_\_\_

Flood Zone: \_\_\_\_\_  
Construction Type: \_\_\_\_\_ (brick,frame) Exterior Walls: \_\_\_\_\_ (vinyl,stucco?)  
Raised/Slab? \_\_\_\_\_ Raised height: \_\_\_\_\_  
Year Built? \_\_\_\_\_ Renovations: \_\_\_\_\_  
Living Sq. Ft.: \_\_\_\_\_ UB Sq Ft. \_\_\_\_\_  
Type of Roof: \_\_\_\_\_ Roof Age: \_\_\_\_\_  
# of Stories: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_  
Ceiling Height: \_\_\_\_\_ % Cathedral: \_\_\_\_\_ Type of Flooring: \_\_\_\_\_

Garage \_\_\_\_/Carport \_\_\_\_ Attached \_\_\_\_/Unattached \_\_\_\_ 1 \_\_\_\_ or 2 \_\_\_\_ Car  
Fireplace: Y \_\_\_\_ or N \_\_\_\_  
Alarm: Y \_\_\_\_ or N \_\_\_\_ Fire \_\_\_\_/Burglary \_\_\_\_/both \_\_\_\_  
Monitored \_\_\_\_/Not Monitored \_\_\_\_  
Monitored By: \_\_\_\_\_ Central \_\_\_\_/Local \_\_\_\_  
Dogs: \_\_\_\_\_ Breed: \_\_\_\_\_  
ATV: \_\_\_\_\_ Trampoline: \_\_\_\_\_  
Pool: \_\_\_\_\_ Above \_\_\_\_/Below \_\_\_\_ Diving Board \_\_\_\_/Slide \_\_\_\_  
Fenced w/locking gate: \_\_\_\_\_

Purchase Price(coverage request): \_\_\_\_\_  
New Purchase: \_\_\_\_\_ Lender/Title: \_\_\_\_\_  
Closing Date: \_\_\_\_\_

Liability: \_\_\_\_\_  
Deductible: \_\_\_\_\_  
Car Insurance Provider: \_\_\_\_\_