



HOMEOWNER QUOTE SHEET

Name _____
 Address _____
 City: _____ State: _____ Zip: _____
 County: _____ Email: _____
 Home Phone _____ Work/Cell Phone _____
 Social Security# _____ Date of Birth: _____

COVERAGE AMOUNT

Dwelling value for replacement cost: _____
 Personal Property: _____
 Liability: _____
 Medical Payments: _____ Deductible: _____
 Construction: _____ Year Built: _____
 Square Footage _____ Roof Type: Shingle Metal
 Would you consider your home to be a custom home with upgrades? _____

Please circle the answers that apply:

Heat Type: Natural Gas Liquid Propane Electric
 Siding type: Vinyl Brick Hardy board
 Other: _____
 Foundation: Basement Crawlspace Slab
 Do you have a fireplace: Yes No How many? _____
 Within 5 miles of fire station: _____ Within 1000 feet of fire hydrant? _____
 Monitored security system: _____ Fire: _____ Burglar: _____
 Pool: Yes No
 Trampoline: Yes No (Does trampoline have netting? Yes No
 Do you have a woodstove in the home? Yes No Kind of stove: _____
 Scheduled Personal Property: _____

Current Insurance Carrier _____
 Renewal Date _____ Current Premium: \$ _____

Please describe claims within past 5 years: _____

