

Date: _____

Ref. by _____

HOMEOWNERS QUOTE QUESTIONNAIRE

Name _____ Soc. Sec. # _____ Occupation _____ # of Yrs _____

Address _____ City/State _____ Zip _____

County _____ Yrs at Address _____ Home # _____ Work # _____

Present Home Ins. Co. _____ x- Date _____

Present Auto Ins. Co. _____ x-Date _____

ALL HOMES, RENTERS AND MOBILE HOMES

Coverage: House _____ Pers. Prop. _____ Loss of Use _____

Liability _____ Medical _____ Deductible _____

Any other structures on property? _____

Any scheduled items? _____

Year Built? _____ Frame or Brick? _____ (If Brick, % Brick _____)

Smoke Detectors? _____ Fire Extinguishers? _____

Dead Bolts on ALL exterior Doors? _____ Non-smoker Discount? _____

Alarm System? _____ Fire, Burglary? _____ Type (Central, Local) _____

of Ft to Hydrant _____ Miles to Fire Dept _____ Name Responding City _____

Wood Stove? _____ Professionally installed? _____ Pool? _____ Trampoline? _____

Any Business Activities on Premises? _____ Pets? _____

HOMES OR APARTMENTS OVER 20 YEARS OLD

When last updated-Roof _____ Wiring _____ Heat _____ Plumbing _____

Circuit Breakers? _____ Copper Plumbing? _____

NEW PURCHASES Market Price _____

Mortgage Co. _____ Address _____

Contact Person _____ Escrow? _____ Loan # _____

RENTERS & CONDO # of Units _____ Waterbed? _____ Fire Resistive? _____
Sprinkled? (Full/Partial) _____

CLAIMS PERTAINS TO ALL OF THE ABOVE

Last 5 years _____ Amount Paid _____