

Home Quote Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Address: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Construction: \_\_\_\_\_

Year Built: \_\_\_\_\_

Deductible: \_\_\_\_\_

Home: \_\_\_\_\_

RC: \_\_\_\_\_

ACV: \_\_\_\_\_

Guaranteed: \_\_\_\_\_

Functional: \_\_\_\_\_

Appt Struc: \_\_\_\_\_

Inc Limit: \_\_\_\_\_

Why: \_\_\_\_\_

Pers Prop: \_\_\_\_\_

RC: \_\_\_\_\_

Add'l Liv Exp \_\_\_\_\_

Liability \_\_\_\_\_

Inc Limits: \_\_\_\_\_

Med Pay: \_\_\_\_\_

Inc Limits: \_\_\_\_\_

Type of Heating: \_\_\_\_\_

Updated: \_\_\_\_\_

Yr: \_\_\_\_\_

Explain: \_\_\_\_\_

Type of Roof: \_\_\_\_\_

Updated: \_\_\_\_\_

Yr: \_\_\_\_\_

Explain: \_\_\_\_\_

Type of Wiring \_\_\_\_\_

Updated: \_\_\_\_\_

Yr: \_\_\_\_\_

Explain: \_\_\_\_\_

Amp: \_\_\_\_\_ Circuit Breakers: \_\_\_\_\_

Type of Plumbing: \_\_\_\_\_

Updated: \_\_\_\_\_

Yr: \_\_\_\_\_

Explain: \_\_\_\_\_

Alarms: Fire \_\_\_\_\_ Smoke \_\_\_\_\_ Burglar \_\_\_\_\_ Carbon Monoxide: \_\_\_\_\_

Any woodburning or kerosene stoves, portable electric stoves or fireplace inserts? \_\_\_\_\_

Any Pools: \_\_\_\_\_ Type: \_\_\_\_\_ Fenced: \_\_\_\_\_

Any Pets: \_\_\_\_\_ Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Viscous Tendencies: \_\_\_\_\_

Explain: \_\_\_\_\_

Any Losses Past 5 Years: Explain: \_\_\_\_\_

Any Valuable Items (i.e. Jewelry, Furs, Silverware, Cameras, Guns) \_\_\_\_\_ Value: \_\_\_\_\_

Any Valuable Collections (i.e. Stamps, Coins, Artwork, Antiques) \_\_\_\_\_ Value: \_\_\_\_\_

Any Valuable Sporting Equipment \_\_\_\_\_ Value: \_\_\_\_\_

Any Aquariums or Waterbeds: \_\_\_\_\_

Do you operate a business in your home? (Day Care, Beauty Shop, Office, Etc.) \_\_\_\_\_

Description: \_\_\_\_\_

Is your property used for farming? \_\_\_\_\_ Type: \_\_\_\_\_

Do you own a second or vacation home? \_\_\_\_\_ Is it insured? \_\_\_\_\_ Where: \_\_\_\_\_

Description: \_\_\_\_\_

Do you have a sump pump: \_\_\_\_\_ Would you like back up of sewers & drains: \_\_\_\_\_

Would you like: Earthquake Coverage: \_\_\_\_\_ Mine Subsidence: \_\_\_\_\_ Flood: \_\_\_\_\_

Would you like personal umbrella coverage: \_\_\_\_\_

Do you own any boats, personal watercraft, snowmobiles, ATV's or RV's? \_\_\_\_\_ Insured: \_\_\_\_\_

Type: \_\_\_\_\_ Length: \_\_\_\_\_ HP or CC's: \_\_\_\_\_ Inboard/Outboard: \_\_\_\_\_

Value: \_\_\_\_\_ Motor: \_\_\_\_\_ Trailer: \_\_\_\_\_

**LIFE INSURANCE**

Do you have life insurance? \_\_\_\_\_ What Company? \_\_\_\_\_

What Type? \_\_\_\_\_ Amount? \_\_\_\_\_ Paying per Month? \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Prem: \_\_\_\_\_

Quoted By: \_\_\_\_\_ Date: \_\_\_\_\_

How Long at Address: \_\_\_\_\_

Company Quoted: \_\_\_\_\_

SOURCE: \_\_\_\_\_

Quoted Premium: \_\_\_\_\_