

HOMEOWNER QUOTE FORM

1ST TITLE HOLDERS NAME:		OCCUPATION:
DATE OF BIRTH:	MARRIED YES <input type="checkbox"/> NO <input type="checkbox"/>	
2ND TITLE HOLDERS NAME:		OCCUPATION:
DATE OF BIRTH:	MARRIED YES <input type="checkbox"/> NO <input type="checkbox"/>	
PROPERTY ADDRESS:		
HOME#	WORK/CELL#	
EMAIL:		
CURRENT INSURANCE COMPANY & EXPIRATION DATE:		

ARE PROPERTY ADDRESS AND MAILING ADDRESS SAME: YES <input type="checkbox"/> NO <input type="checkbox"/> IF NOT, PROVIDE MAILING ADDRESS		
MAILING ADDRESS:		
PRIMARY USE OF HOME:		
PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> FULL TIME RENTAL <input type="checkbox"/> VACATION RENTAL <input type="checkbox"/> VACANT <input type="checkbox"/>		
RESIDENCE TYPE: SINGLE FAMILY <input type="checkbox"/> CONDO <input type="checkbox"/> MANUFACTURED/MOBILE HOME <input type="checkbox"/> MULTIPLEX <input type="checkbox"/>		
PROPERTY DETAILS:		
SQUARE FOOTAGE:	NUMBER OF STORIES:	YEAR BUILT:
ROOF TYPE: Choose an item.	AGE OF ROOF:	
GARAGE OR CARPORT: Choose an item.	NUMBER OF CARS IT HOLDS:	
NUMBER OF FULL BATHROOMS:	NUMBER OF HALF BATHROOMS:	
FLOOR COVERING: Choose an item.		
FIREPLACE: YES <input type="checkbox"/> NO <input type="checkbox"/>	HOW MANY:	
CENTRAL MONITORED ALARM YES <input type="checkbox"/> NO <input type="checkbox"/>	LOCATED IN GATED COMMUNITY: YES <input type="checkbox"/> NO <input type="checkbox"/>	
FIRE SPRINKLERS IN CEILING YES <input type="checkbox"/> NO <input type="checkbox"/>	TRAMPOLINE YES <input type="checkbox"/> NO <input type="checkbox"/>	
SWIMMING POOL YES <input type="checkbox"/> NO <input type="checkbox"/> JACUZZI YES <input type="checkbox"/> NO <input type="checkbox"/> DIVING BOARD YES <input type="checkbox"/> NO <input type="checkbox"/> SLIDE YES <input type="checkbox"/> NO <input type="checkbox"/>		
ANIMALS ON THE PREMISES YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST ANIMAL TYPE, BREED AND HOW MANY:		
YEAR PURCHASED:	PRIOR HOME ADDRESS:	
ANY PREVIOUS HOME CLAIMS IN THE LAST 3 YEARS: YES <input type="checkbox"/> NO <input type="checkbox"/>		
DATE/DETAILS OF LOSS:		
SCHEDULED JEWELRY YES <input type="checkbox"/> NO <input type="checkbox"/>		
ATTACH A LIST OF JEWELRY ITEMS INCLUDING THE VALUE AND DESCRIPTION OF EACH PIECE		
SOLAR PANELS YES <input type="checkbox"/> NO <input type="checkbox"/>	LEASED OR FINANCED YES <input type="checkbox"/> NO <input type="checkbox"/>	
NUMBER OF PANELS:	VALUE OF PANELS:	

IF YOU ARE IN ESCROW PLEASE PROVIDE THE FOLLOWING:
ESTIMATED ESCROW CLOSING DATE:
ESCROW COMPANY:
ESCROW PHONE NUMBER:
ESCROW OFFICER: