

## HOME QUOTE

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

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

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

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

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

Renewal Date: \_\_\_\_\_ Premium: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

**Complete or circle all that apply below:**

**Year Built:** \_\_\_\_\_ **Home Usage:** Primary \_\_\_\_\_ Secondary/Vacation \_\_\_\_\_ Rental Property \_\_\_\_\_

**Home Type:** Single Family \_\_\_\_\_ Townhome \_\_\_\_\_ Condo \_\_\_\_\_ Multi-Family \_\_\_\_\_ Apt. \_\_\_\_\_

**Home Style:** 1 Story/Ranch \_\_\_\_\_ 2 Story \_\_\_\_\_ Raised Ranch \_\_\_\_\_ Split Level \_\_\_\_\_

**Construction:** Brick \_\_\_\_\_% Brick Veneer \_\_\_\_\_% Aluminum \_\_\_\_\_% Vinyl \_\_\_\_\_% Wood \_\_\_\_\_% Other \_\_\_\_\_%

**Square Footage:** \_\_\_\_\_ **Circuit Breakers:** Yes No **Fireplace:** Yes No **No. of Bathrooms:** \_\_\_\_\_

**Foundation:** Basement \_\_\_\_\_ % of Basement Finished: \_\_\_\_\_% Crawlspace \_\_\_\_\_ Slab \_\_\_\_\_

**Garage:** Attached \_\_\_\_\_ Detached \_\_\_\_\_ No. of Cars: \_\_\_\_\_

**Burglar Alarm:** Yes No **Central Reporting:** Yes No **Fire Alarm:** Yes No **Central Reporting:** Yes No

**Year Last Updated for:** \_\_\_\_\_ **Roof:** \_\_\_\_\_ **Furnace:** \_\_\_\_\_ **Plumbing:** \_\_\_\_\_ **Electric:** \_\_\_\_\_

**Pool:** Yes No If yes, In-Ground \_\_\_\_\_ Above Ground \_\_\_\_\_ **Is Yard Fenced:** Yes No

**Trampoline:** Yes No **No. of Pets:** Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Breed(s) \_\_\_\_\_

**Current Policy Coverages:**

**Dwelling Coverage:** \_\_\_\_\_

**Other Structures:** \_\_\_\_\_

**Jewelry:** \_\_\_\_\_ **Furs:** \_\_\_\_\_

**Personal Property/Contents:** \_\_\_\_\_

**Fine Arts:** \_\_\_\_\_

**Medical Payments:** \_\_\_\_\_

**Water Backup Amount:** \_\_\_\_\_

**Personal Liability:** \_\_\_\_\_

**Deductible:** \$250 \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$2,500 \_\_\_\_\_ Other: \_\_\_\_\_

PLEASE FAX A COPY OF YOUR CURRENT POLICY RENEWAL TO 1-630-893-4518 OR CALL US AT 1-630-893-4402.

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