



HOMEOWNER INSURANCE RATE QUOTE FORM

Name: _____ SSN: _____ Date of Birth: _____

Name of Employer: _____ Occupation: _____ College degree? Yes No

Spouses Name: _____

Property Address: _____

Mailing Address (if different from above): _____

Phone Numbers: Home: _____ Work: _____ Best time to reach you: _____

Current Policy Information:

Insurance Company: _____ Policy Number: _____

Expiration Date: _____ Annual Premium: \$ _____ Deductible: \$ _____

Homeowner Information:

House replacement value: \$ _____ Amount of contents coverage: \$ _____

Is property inside city limits? Yes No If no, please provide county name: _____

Feet to fire hydrant: _____ Miles to fire station: _____

Fireplace? Yes No If yes, how many? _____ Number of Baths: _____ Full _____ Half _____

Year dwelling built: _____ Total square feet of dwelling : _____

Number of units between firewalls? (Condo/Tenant only): _____

Roof type: comp _____ flat _____ wood shingle _____ slate _____ other _____

Roof age: _____ Roof condition: _____

Foundation: Slab _____ Crawl space _____ Other _____

Any updates (year updated): Electrical _____ Plumbing _____ Heat and air conditioning _____

Date heat and air-conditioning system last serviced: _____

Swimming Pool: Yes No above ground _____ below ground _____ Diving board Yes No

Garage type: attached _____ detached _____ 1 car _____ 2 car _____ other _____

Dog: Yes No What breed? _____ How many of each: _____



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Have you filed any property insurance claims in the past five years? Yes No

Table with 3 columns: Date, Description, Amount paid by the insurance co.

Construction Type:

Is your home a single family home condo/co-op mobile home (not eligible for coverage) rented apartment

- Wood/Frame, Brick, Stone, Masonry, or Concrete Block, Fire Resistive, Mobile Home, Wood Frame w/ Aluminum or Plastic Siding, Brick/Stone Veneer > 67%, Log Home

Have you had a bankruptcy, foreclosure, lien, judgment or repossession in the past five years? Yes No

Do you have a mortgage? Yes No

If yes, list the name of the mortgage company _____

Do you have a second mortgage? Yes No

If yes, list the name of the mortgage company _____

Check all Protective Devices that apply

- Fire Alarm: Local, Alarm Company, Direct to fire department; Burglar Alarm: Local, Alarm Company, Direct to police department; Sprinkler System: All Areas, Living Areas, Other (describe:)

- Smoke Detectors, Fire Extinguisher, Dead Bolt Locks

Please attach a copy of your current policy declaration page.

In connection with your automobile insurance quote request, a credit-related insurance score will be obtained from a consumer reporting agency. Insurance scores are based on credit history information and have been found to be extremely predictive of future insurance loss. This information and information provided by you will be used to determine your eligibility for insurance and your policy premium.

Please indicate your permission to obtain a credit-related insurance score by checking this box.