

## Homeowner – Info needed for Quote

Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

County: \_\_\_\_\_ # of Acres: \_\_\_\_\_

Inside City Limits:  Yes  No Years at current address: \_\_\_\_\_

Nearest Responding Fire Department: \_\_\_\_\_ Distance to: \_\_\_\_\_

Distance to Hydrant: \_\_\_\_\_ Tier 1 Counties, distance to coast: \_\_\_\_\_

1-family dwelling  Condo This dwelling is:  Primary  Secondary  Seasonal

Total Living Area (Sq ft): \_\_\_\_\_ # of Stories: \_\_\_\_\_

Mortgage Co/Address: \_\_\_\_\_

Construction: \_\_\_\_\_ Exterior Wall: \_\_\_\_\_ Roof Type: \_\_\_\_\_ Roof Age: \_\_\_\_\_

Year Built: \_\_\_\_\_  Garage \_\_\_\_\_ ft  Open Porch \_\_\_\_\_ ft  Other \_\_\_\_\_

Heat Type: \_\_\_\_\_ Central?  Yes  No Bathrooms: Full \_\_\_\_\_ Half: \_\_\_\_\_

Any alternate heat sources?  Wood Stove  Space Heaters  Kerosene  Other: \_\_\_\_\_

Has there been updates in the last 20 years?  Heating  Plumbing  Electrical  Roof If yes, list dates.

Fire Extinguishers  Dead bolts  Smoke Detectors

Fire Alarm:  Local  Central Burglar Alarm:  Local  Central

Do you have:

Swimming Pool – If yes, is it fenced?  Yes  No  Diving Board  Slide

Trampoline – Is there a safety net around it?  Yes  No

Office or business in home – If yes, describe: \_\_\_\_\_

Residence Employees – If yes, describe: \_\_\_\_\_

Other residence that you own, occupy or rent? If yes, describe: \_\_\_\_\_

Any animals or exotic pets on premises – If yes, describe: \_\_\_\_\_

Prior Insurance Company: \_\_\_\_\_ Length of time with prior Co.: \_\_\_\_\_

Any lapse in coverage?  Yes  No If yes, how long: \_\_\_\_\_ Current policy expiration date: \_\_\_\_\_

Any cancellations or refusal of coverage in the last 3 years?  Yes  No

If yes, describe: \_\_\_\_\_

List all losses/claims in the past 3 years: \_\_\_\_\_

A. Dwelling Coverage \$ \_\_\_\_\_  Replacement Cost

B. Other Structures \$ \_\_\_\_\_

C. Contents \$ \_\_\_\_\_  Replacement Cost

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

Liability Limit:  \$100,000  \$300,000  \$500,000  \$1,000,000

Medical Payment Limit:  \$1,000  \$3,000  \$5,000

Scheduled Items (such as jewelry, fur, guns):  Yes  No If yes, attach list.

**Endorsement Options (May not be available with all companies):**

- Identity Theft
- Increased coverage on credit cards
- Increased limits on Jewelry, Watches and Furs
- Increased Mold coverage
- Loss Assessment
- Ordinance or Law
- Personal Injury
- Water Backup
- Earthquake
- Foundation Coverage
- Residence Glass coverage
- Water Damage
- Windstorm, Hurricane & Hail Exclusion
- Other:

Please note: If replacement cost coverage is selected, a replacement cost worksheet will need to be completed and submitted to the insurance company at the time coverage is bound. Insured value may be adjusted based on the estimated replacement cost determined by information provided on worksheet. To determine exact replacement cost of your dwelling, we suggest you contact a local contractor.

Policy #:  
Insured  
Address

Completion Date:  
Current Coverage:  
Agent:

1) NUMBER OF FAMILIES:  1  2  3  4

2) STYLE OF HOUSE: Mark only one

1960 – Present only

1950 - Present

Contemporary

Bi-Level\Raised Ranch\Split Foyer

Tri-level\Split Level\Back Split

All Year Built

Bungalow

Cape Cod

Colonial

Condo\Co-op

Cottage

Federal Colonial

Mediterranean

Queen Anne

Rambler

Ranch

Victorian

Victorian-Ornate

Southwest Adobe

Substandard\Subsidized

Row house End Unit

Row house Center Unit

Townhouse End Unit

Townhouse Center Unit

3)

	MAIN	WING 1	WING 2
Year Built			
Number of Stories			
Total Living Area			
% Cathedral Ceiling			
% Slab			
% Crawl			
% Basement			
	<input type="checkbox"/> Daylight	<input type="checkbox"/> Daylight	<input type="checkbox"/> Daylight
% Basement Finished			
If Bas. Finished:	<input type="checkbox"/> Std. <input type="checkbox"/> Custom	<input type="checkbox"/> Std. <input type="checkbox"/> Custom	<input type="checkbox"/> Std. <input type="checkbox"/> Custom

4) SITE ACCESS:

Flat/Easy  Slightly Congested

Narrow Roads\Hillside Area

Difficult Access/Steep Terrain

Island Access

Isolated Rural Area

5) EXTERIOR WALLS: %

<input type="checkbox"/> Adobe	<input type="checkbox"/> Aluminum Siding
<input type="checkbox"/> Barn Plank	<input type="checkbox"/> Block (painted)
<input type="checkbox"/> Block (decorative)	<input type="checkbox"/> Block - slump
<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Brick Veneer-custom
<input type="checkbox"/> Brick & Block	<input type="checkbox"/> Brick & Block-custom
<input type="checkbox"/> Brick-Solid	<input type="checkbox"/> Brick-Solid (custom)
<input type="checkbox"/> Cement Fiber Shakes	<input type="checkbox"/> Clapboard
<input type="checkbox"/> Clapboard Redwood	<input type="checkbox"/> Concrete Poured
<input type="checkbox"/> Greenhouse Wall	<input type="checkbox"/> Hardboard
<input type="checkbox"/> Logs	<input type="checkbox"/> Logs (custom cedar)
<input type="checkbox"/> New England Shingle	<input type="checkbox"/> Plywood
<input type="checkbox"/> Solid Brownstone	<input type="checkbox"/> Steel
<input type="checkbox"/> Stone Veneer	<input type="checkbox"/> StoveVeneer-custom
<input type="checkbox"/> Stone & Block	<input type="checkbox"/> Stone & Block-cust.
<input type="checkbox"/> Stone Solid	<input type="checkbox"/> Stone Solid-custom
<input type="checkbox"/> Stucco on frame	<input type="checkbox"/> Stucco on Block
<input type="checkbox"/> T - 111	<input type="checkbox"/> Vinyl
<input type="checkbox"/> Victorian Scalloped	<input type="checkbox"/> Window wall
<input type="checkbox"/> Wood	<input type="checkbox"/> Wood Shakes

6) Roof Covering %

<input type="checkbox"/> Asphalt Shingles	<input type="checkbox"/> Built Up Tar & Gravel
<input type="checkbox"/> Copper	<input type="checkbox"/> Fiberglass Panel
<input type="checkbox"/> New England Pine	<input type="checkbox"/> Plexiglas
<input type="checkbox"/> Rubber	<input type="checkbox"/> Slate
<input type="checkbox"/> Steel	<input type="checkbox"/> Tin
<input type="checkbox"/> Tile – Clay	<input type="checkbox"/> Tile – Concrete
<input type="checkbox"/> Tile – Mission	<input type="checkbox"/> Tile – Spanish
<input type="checkbox"/> Wood Shake	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> Victorian Scalloped Shake	

7) GARAGES:  None

	Attached	Built-in	Carport	Basement	Detached
One car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8) PORCHES: Square Footage

Open \_\_\_\_\_ Screened \_\_\_\_\_ Enclosed \_\_\_\_\_

9) BREEZEWAYS: Square Footage

Open \_\_\_\_\_ Screened \_\_\_\_\_ Enclosed \_\_\_\_\_

10) DECKS: \_\_\_\_\_ SQ. FT.

11) GREENHOUSE: \_\_\_\_\_ SQ. FT.

12) BATHROOMS: #

	Basic	Builders Grd.	Custom	Designer
Half Baths	_____	_____	_____	_____
3/4 Bath	_____	_____	_____	_____
Full Baths	_____	_____	_____	_____

13) FIREPLACES: # OF

Single \_\_\_\_\_ Double \_\_\_\_\_ Triple \_\_\_\_\_

14) WOOD STOVE: # OF

Free Standing \_\_\_\_\_ Zero Clearance \_\_\_\_\_

15) HEATING\COOLING:

Heat Only  Central Air Only  Heat & Central Air

If Evaporative Coolers: # of

\_\_\_\_\_ Evaporative coolers (roof) \_\_\_\_\_ Window units

**PRE-1930 Homes need the following: 16) % Floor Covering other than Carpet ( must = 100%)**

\_\_\_\_ Hardwood \_\_\_\_ Carpet over Hardwood Carpet type: \_\_\_\_ Acrylic/Nylon \_\_\_\_ Custom Acrylic \_\_\_\_ Wool/Berber  
\_\_\_\_ Ceramic Tile \_\_\_\_ Ceramic Tile imported \_\_\_\_ Laminated Flooring \_\_\_\_ Parquet \_\_\_\_ Plank \_\_\_\_ Plywood  
\_\_\_\_ Marble tile \_\_\_\_ Mural Tile \_\_\_\_ Flagstone \_\_\_\_ Brick \_\_\_\_ Slate \_\_\_\_ Terrazzo Tile \_\_\_\_ Stone \_\_\_\_ Granite

17) % Interior Walls: \_\_\_\_ Paint \_\_\_\_ Sponge Coat \_\_\_\_ Marble Paint \_\_\_\_ Vinyl Wallpaper \_\_\_\_ Foil \_\_\_\_ Ceramic Tile  
\_\_\_\_ Imported Ceramic Tile \_\_\_\_ Marble Tile \_\_\_\_ Sheet Paneling \_\_\_\_ Tongue&Groove \_\_\_\_ Millwork \_\_\_\_ Bookcase walls  
\_\_\_\_ Knotty Pine \_\_\_\_ Mirrors \_\_\_\_ Brick Facing \_\_\_\_ Stone Facing \_\_\_\_ Terrazzo \_\_\_\_ Carpet \_\_\_\_ Corkboard \_\_\_\_ Other