***Home Owners Policy Quick Quote Form***

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| --- |
| Applicant name: |
| Phone # | Fax # |  |
| Email: |
| Mailing address: |
| Physical/Premise address: |

**Location information:**

Construction type: Frame/Stucco Masonry Other

Total area (in square feet) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of stories: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electrical system: Fuses Circuit Breaks Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the applicant had a fire loss at this location, or other property/business locations within the last 5 years? Yes No If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Building, Personal Property, and Additional Coverages Information:**

 please provide:

Current market value $\_\_\_\_\_\_ Year built: \_\_\_\_\_\_

Year plumbing was last updated: \_\_\_\_\_\_ Year electrical last updated: \_\_\_\_\_\_

Year heating last updated: \_\_\_\_\_\_ Year roofing last updated: \_\_\_\_\_\_

Personal Property Value (furniture, clothing electronics, etc)$\_\_\_\_\_\_\_\_\_\_\_

Select deductible: $250 $500 $1000 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select liability limit: $300,000 $500,000 $1,000,000 $2,000,000 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a Pool? If yes, is there a safety fence?: Yes No

Would you like an Earthquake/Flood quote?: Yes No

Would you like an Personal Umbrella quote?: Yes No

Are other coverages required (i.e. high value jewelry, art, etc)?: Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current insurance company (provide carrier name, policy number and policy effective dates): if available provide a copy of your current policy dec page

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Any losses or claims in the last five years? Yes No

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

THIS IS NOT AN APPLICATION IT IS ONLY A PRELIMINARY INFO SHEET FOR A QUOTE. ADDITIONAL INFORMATION MAY BE REQUIRED.