

HOMEOWNERS QUOTE SHEET

ALL INFORMATION IS REQUIRED TO OBTAIN A QUOTE

AGENCY NAME: _____ EFF DATE OF POLICY _____

PRIOR CARRIER _____

NAMED INSURED _____

INSURED EMAIL ADDRESS _____

PROPERTY LOCATION _____

CITY, _____ ZIP _____ CURRENT CARRIER PREMIUM _____

COUNTY _____ FIRE DISTRICT _____

HAS THE INSURED HAD 12 MONTHS OF CONTINUOUS COVERAGE Yes ___ No ___

IF NO: DATE POLICY CANCELLED _____

DWELLING VALUE _____

LIAB. LIMIT _____

HO FORM 3 ___ 4 ___ 6 ___ HE-7 ___ MED PAY LIMIT _____

PROTECTION CLASS _____

YEAR BUILT _____ SMOKE DETECTORS Yes ___ No ___

DWELLING UPDATES (YEAR DONE) _____

CONSTRUCTION FRAME ___ B/V ___ DEAD BOLTS Yes ___ No ___

DEDUCTIBLE _____ FIRE EXTINGUISHERS Yes ___ No ___

CENTRAL ALARM Yes ___ No ___ LOCAL ALARM Yes ___ No ___

SQ. FOOTAGE _____ CENTRAL HEAT Yes ___ No ___

INSURED D.O.B. _____ SS# _____

OCCUPATION _____

SPOUSES D.O.B. _____ SS# _____

OCCUPATION _____

SWIMMING POOL OR TRAMPOLINE ___ DOG & BREED (IF SO BITE HISTORY) _____

ANY LOSSES LAST 3 YEARS (IF SO DESCRIBE) _____

ANY SPECIAL ENDORSEMENTS (HO-61, EARTHQUAKE, HO-70) DESCRIBE

IS AUTO CURRENTLY WRITTEN BY YOUR AGENCY? IF SO PLEASE ADVISE INSURANCE COMPANY
EVEN IF NOT WRITTEN BY ISI _____

PREMIUM PAYOR MORTGAGEE OR INSURED (CIRCLE ONE)

**SOME COMPANIES WILL RUN THE CLUE AND MVR ONCE THE POLICY IS
SUBMITTED TO BE ISSUED. IF THE REPORT FINDS ANYTHING DIFFERENT THE
PREMIUM WILL ADJUST ACCORDINALLY**