

HOMEOWNERS QUOTE SHEET

ALL INFORMATION IS REQUIRED TO OBTAIN A QUOTE

AGENCY NAME: _____ EFF DATE OF POLICY _____
PRIOR CARRIER _____
NAMED INSURED _____
PROPERTY LOCATION _____
CITY, _____ ZIP _____ CURRENT CARRIER PREMIUM _____
COUNTY _____ FIRE DISTRICT _____
INSURED EMAIL ADDRESS _____
HAS THE INSURED HAD 12 MONTHS OF CONTINOUS COVERAGE Yes ____ No ____
IF NO: DATE POLICY CANCELLED _____ HO FORM 3 ____ 4 ____ 6 ____ HE7 _____
DWELLING VALUE _____ LIAB. LIMIT _____ MED PAY LIMIT _____
PROTECTION CLASS _____ YEAR BUILT _____ SQ. FOOTAGE _____
DWELLING UPDATES (YEAR DONE) _____
CONSTRUCTION FRAME ____ B/V ____ DEDUCTIBLE _____
FIRE EXTINGUISHERS Yes ____ No ____ DEAD BOLTS Yes ____ No ____
SMOKE DETECTORS Yes ____ No ____ CENTRAL HEAT Yes ____ No ____
CENTRAL ALARM Yes ____ No ____ LOCAL ALARM Yes ____ No ____
INSURED D.O.B. _____ SS# _____
OCCUPATION _____
SPOUSES D.O.B. _____ SS# _____
OCCUPATION _____
SWIMMING POOL OR TRAMPOLINE (Which one, If pool is it fenced) _____
DOG & BREED (IF SO BITE HISTORY) _____

ANY LOSSES LAST 3 YEARS (IF SO DESCRIBE) _____

ANY SPECIAL ENDORSEMENTS (Jewelry schedules, guns, fine arts etc.) DESCRIBE _____

IS AUTO CURRENTLY WRITTEN BY YOUR AGENCY? IF SO PLEASE ADVISE INSURANCE COMPANY
EVEN IF NOT WRITTEN BY ISI _____
DO YOU HAVE A MORTGAGEE: ____ YES ____ NO
PREMIUM PAYOR MORTGAGEE OR INSURED _____

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