

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 _____

COUNTY _____ FIRE DISTRICT _____

HAS THE INSURED HAD 12 MONTHS OF CONTINUOUS COVERAGE Y [] N []

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

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**