

# 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 CONTINUOUS 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 \_\_\_\_\_

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\_\_\_\_\_

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IS AUTO CURRENTLY WRITTEN BY YOUR AGENCY? IF SO PLEASE ADVISE INSURANCE COMPANY

EVEN IF NOT WRITTEN BY ISI \_\_\_\_\_

MORTGAGEE INFO: \_\_\_\_\_

\_\_\_\_\_

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**