

HOME QUOTE SHEET

TYPE OF QUOTE: NEW ___ EXISTING ___ REFERRAL ___ AGENT QUOTING: _____ Date: _____

Name: _____ Address: _____

Phone: _____ Email: _____ Cell/Work #: _____

INSURED INFORMATION

Named Insured. #1:

Name: _____
DOB: _____ SS#: _____
Relation to Named Insured: _____
Emp. Status: Employed / Retired / Disabled / Unemp.
Employer: _____
Education level: _____
Prior Address (if < 3 yrs.): _____
Group Info: _____

Named Insured. #2:

Name: _____
DOB: _____ SS#: _____
Relation to Named Insured: _____
Emp. Status: Employed / Retired / Disabled / Unemp.
Employer: _____
Education level: _____

LOCATION/EXPOSURE REVIEW

Location Address (if different than mailing): _____
New Purchase?: Yes or No If Yes, closing date? _____
Prior Insurance? Yes or No Company: _____
Eff date/ Exp Date: _____
Years w/ Current Company: _____
Mortgage? Yes or No _____
Current Coverages: Dwelling: _____
OS: _____ Pers. Prop: _____
Loss of Use: _____ Pers. Liab: _____
Med Pay: _____ Deductible: _____
Water/Sewer: _____ Ord. Of Law: _____
Farm Exposure: _____
Scheduled Items (Guns, Jewelry, Hearing Aids): _____
Claims (5 years): _____
Twp: _____ County: _____
Responding FD: _____ Fire Hydrant Distance: _____ Miles to FD: _____
Use: Primary / Seasonal / Secondary / Rental
Occupancy: Owner / Non-Owner / Vacant
Purchase Price/ Market Value: _____
Update Years: Roof: _____ Heat/Air: _____
Plumbing: _____ Electrical: _____ Amps _____
Siding: _____
Business on Premises? Yes or No

Trampoline? Yes or No Fenced? Yes or No
Hot Tub? Yes or No Inside or Outside
Pool? Yes or No Fenced? Yes or No
Dogs? Yes or No How Many: _____ Breed: _____ Bite History? Yes or No
Alarm/Safety: Burglar Deadbolt Locks
Smoke Det. Fire Ext.
Rec. Veh's: Boat ATV Golf Carts Jet Ski
Sleds

REPLACEMENT COST INFO

Year Built: _____ Stories: _____
Sq. Ft. Base Living Area: _____ # Families: _____
Construction: Frame Full Log Joisted Masonry
Manufactured/Modular Yurt Masonry/Block
Style: Ranch Bi-Level Tri-Level Colonial
Cape Cod
Foundation: Basement Crawl Space Slab
Piers
Basement: Walk out? Yes or No % finished
Bathrooms: # Full # Half
Roof: Shingle Metal Other
Siding Type:
Primary Heat Type:
Fireplace / Woodstove Central Air: Yes or No
Special Features (Picture/Bay Windows, Wet Bar, French Doors, Sauna, etc.)
Wall coverings (%):
Floor (%):
Garage: Attached / Detached # of Cars: Heat?
Attached Structures(decks/porches): Sq. Ft.
Other Det. Structures:

QUOTE RESULTS

OFFICE USE ONLY

Which company offered the best rates?
Multi Policy? Yes / No
If no prior, was payment plan given? Yes / No
Was quote given to insured? Yes / No
Date:
Quoted insured via: Fax/ Email / Phone / In Person
Did insured take the quote? Yes / No

Type

Last Name

Date