

HOMEOWNERS QUOTE

Activation Date _____

Name (primary insured) _____ Phone _____

Date of Birth _____ Social Security # (for credit check) ____ - ____ - ____ Marital Status _____

Name (additional insured) _____ Date of birth _____ Marital Status _____

Current Address _____ Email _____

Property Address (if different) _____

Dwelling Type Single Family Duplex Condo Other _____

Is this a Primary Secondary Seasonal Home Is it occupied? _____ By Whom? _____

Replacement Cost Information

Year Built _____ Construction Type Frame Steel Log Cabin Other _____

Foundation Type Full Slab Posts Other _____ finished? _____

Total Square Footage (living space) _____ How Many Stories? _____

Is there a garage? _____ If so, how many cars? _____

Is there a deck or porch? _____ If so, how many square feet? _____

Underwriting Information

Roof Type _____ Year Roof last updated/shingled? _____

Electrical type Circuit Breaker Fuses Knob & Tube Year Electrical Last Updated? _____

Primary Heat Type Oil Gas Other _____ Year Heating last updated? _____

Secondary Heat Woodstove Pellet Stove Kerosene Other _____ Separate flue? _____

Plumbing Type Copper PVC Other _____ Year Plumbing last updated? _____

Distance to Fire Hydrant Less than 500 Feet More than 500 Feet No Hydrants

Distance to Fire Station in Miles _____ Smoke Alarms in House? _____ How Many? _____

Burglar/Fire Alarm? _____ Smokers in the house? _____ Fire Extinguishers? _____

Distance to Ocean/Bay at high tide _____ Business on Premises (explain) : _____

Do you have a swimming pool? _____ if yes, above ground / in ground ? Fenced? _____

Do you have a trampoline? _____ Treehouse? _____ Skateboard Ramp? _____

Any Dogs/Pets? _____ Number and Breeds _____

Coverage Options

Is property currently insured? _____ if yes, by whom? _____

Dwelling Amount? _____ Liability Coverage? \$300,000 \$500,000 Other _____

Deductibles \$500 \$1000 Other _____ Current Policy Expiration date _____

Any Claims in the past 5 years? (if yes, please explain) _____

Any additional items you want covered under this policy? (i.e., boat, jewelry, firearms, etc.) _____

Any other information pertinent to this quote? _____

If there is a mortgagee or additional insured, please include name, address and loan # _____