

## Homeowners/Dwelling Quote

Applicant's Name: \_\_\_\_\_ Producer: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (W/C): \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
 Property Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Feet to Hydrant: \_\_\_\_\_ Miles to Fire Dept: \_\_\_\_\_

**Occupant Information:**

Name:	SS#	Date of Birth:	Relationship:	Occupation/Education Level:

Please check one:  HO3       HO4       HO6       Dwelling/Fire      **Settlement/Eff. Date:** \_\_\_\_\_

**Section 1 Limits: Property**

Coverage A Dwelling \$ \_\_\_\_\_  
 Coverage B Other Structures \$ \_\_\_\_\_  
 Coverage C Personal Property \$ \_\_\_\_\_  
 Coverage D Loss of Use \$ \_\_\_\_\_

**Section 2 Limits: Liability**

Coverage E Personal Liability \$ \_\_\_\_\_  
 Coverage F Medical Payments \$ \_\_\_\_\_  
 Deductible: \$ \_\_\_\_\_

**Additional Coverages**

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<b>Water b-up/Sump Pump</b>		<b>Personal Injury</b>	<b>Loss Assessment</b>
<b>Business Prop/Pursuits</b>		<b>ID Theft</b>	
<b>Building Additions &amp; Alterations</b>		<b>Sinkhole/Earthquake</b>	<b>Ordinance of Law</b>

**Dwelling Information**

1. Year Built \_\_\_\_\_ Date Purchased \_\_\_\_\_
2. Type of Kitchen \_\_\_\_\_ Builder's Grade / Custom \_\_\_\_\_
3. Date of Updates: \_\_\_\_\_ Heating \_\_\_\_\_ Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_
4. Construction Type:  Frame  Masonry Veneer       Masonry       Other: \_\_\_\_\_
5. Exterior Wall Materials \_\_\_\_\_
6. Style of Home \_\_\_\_\_
7. Roof Type:  Peaked       Flat      Materials: \_\_\_\_\_
8. Number of Families:  One-family       Two-family       Three family       Four family
9. Row or Town home? \_\_\_\_\_ End / Center Unit? \_\_\_\_\_ How many units in row? \_\_\_\_\_
10. Square Footage: \_\_\_\_\_ # of floors: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_
11. Number of bathrooms: \_\_\_\_\_ Builder's Grade: Full \_\_\_\_\_ Half \_\_\_\_\_ Custom: Full \_\_\_\_\_ Half \_\_\_\_\_
12. Basement:  Finished       Unfinished      Square footage: \_\_\_\_\_
13. Attic:  Finished       Unfinished
14. Number of Fireplaces: \_\_\_\_\_ Number of Wood Burning Stoves? \_\_\_\_\_
15. Primary Heat Source: \_\_\_\_\_ Is there an underground fuel tank? \_\_\_\_\_
16. Central Air?  Using heating Ducts       Using Separate Ducts       None
17. Garage Type:  Attached       Detached       None      # of Cars: \_\_\_\_\_
18. Deck or Patio?  Yes       No      Square footage: \_\_\_\_\_
19. Other structures on premises? \_\_\_\_\_
20. Type of Pool:  In-ground       Above-ground       None      Fenced: \_\_\_\_\_  Yes  
 No      Diving Board/Slide:  Yes       No
21. Trampoline on premises:  Yes       No
22. Animals or Exotic Pets?  Yes       No      If yes, state breed/type: \_\_\_\_\_ **Bite History/Training**
23. Protective Devices:  Fire Extinguisher       Deadbolt Locks       Smoke Detectors       Sprinkler System
24. Alarms:  Central Burglar       Central Fire       Local Burglar       Local Fire
25. Current Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Policy #: \_\_\_\_\_  
**Dec Page Attached:**       Yes       No

Loss History	Date	Type	Description	Amount

**Additional Insured**

Mortgagee Name	Address and Loan #	Mtgee Billed?
		Y    N

