

Homeowners Quote Sheet

Date _____

Name(s): _____

Address (**Location of Dwelling**): _____

Address (**If different than Property Location**) _____

Date(s) of Birth: _____/_____/_____

SSN _____/_____/_____

Do you currently have homeowners insurance in force? Yes ___ No ___

Current Insurance Company: _____

Policy Number: _____ **Renewal Date:** _____

Have you had any claims in the past five years? Yes ___ No ___

List Facts of Claim(s) _____

Bankruptcies _____ **Judgments** _____ **Tax Liens** _____

Pets/Dogs: Breed(s) _____ Mixed _____ Ever Bitten _____ Exotic _____

Closing Date/Renewal Date: _____

Mortgage Company/Clause: _____

Address: _____

City/State/Zip _____

Loan Number _____

Mortgage Contact Person: _____

Mortgage Phone: _____ Mortgage Fax: _____

Purchase Price: _____

Mortgage Loan Amount: _____

Second Mortgage/ Home Equity _____

Payment:

Billing: New Policy Insured _____ Mortgagee Company (Escrow) _____

Renewal Insured _____ Mortgagee Company (Escrow) _____

Policy Coverage/Limits

Dwelling _____ Personal Property _____ Policy Deductible _____

Personal Liability _____ Medical Payments _____

Policy Endorsements

Earthquake % _____ Sewer/Drain Backup _____ Flood _____

Scheduled Pers. Prop. Jewelry \$ _____ Furs \$ _____ Fine Arts \$ _____ Computers \$ _____

Firearms \$ _____ Cameras \$ _____ Musical Instruments \$ _____ Bus Pers Prop \$ _____

Discounts Check All That Apply

Home/Auto ___ Claim Free ___ Deadbolt Locks ___ Fire Extinguisher ___ Smoke Detector ___

Fire / Burglar Alarm: Local ___ Central Station _____

Year Built: _____
Stories: _____
Families: _____
Foundation: Slab, Basement, Crawlspace
Construction Type: Masonry or Frame

Square Footage:

Ground Floor _____
Finished Basement: Yes__ No__
Unfinished Lower Level: Yes__ No__
Finished Attic: Yes__ No__
3 Walled Addition: Yes__ No__

Garage:

Attached Garage # __
Detached Garage # __
Built in Garage # __
Carport # _____

Rooms:

Kitchen__ Dining Rm _____
Living Rm __ Great Rm _____
Bedrooms # _____
Bathrooms Full__ Half _____
Laundry Rm _____
Misc. Rm _____

Roof History

Original__ Year Replaced _____
Comp, Wood Shake, Wood Shingle, Clay,

Features

Fireplace # __ Hearths # _____ Wood Burning Stove Yes__ No__
Porch Open __ Closed __ Patio Sq. Ft. _____ Decks Sq. Ft. _____ Breezeway _____
Wet Bar _____ Hot Tub/Sauna _____ Pool _____ Above or Below Ground _____ Fenced _____
Floors % Hardwood _____ Carpet _____ Ceramic Tile _____ Vinyl _____ Marble _____

HVAC:

Central Air Yes__ No _____
Furnace New__ Updated _____
Fuel: Gas__ Electric _____ Oil _____ Wood _____

Electrical:

Year Updated _____
Partial or Complete _____
Fuses__ Breakers _____
Romex % _____ Knob & Tube% _____

Plumbing: New__ Updated Year _____ Copper _____ PVC _____ Galvanized _____

Add Endorsements

In home child care _____ Mine Subsidence (IL Only) _____ Business on Premises _____
Secondary Residential Liability _____

Remarks:

PLEASE FAX COMPLETED SHEETS TO (314)-849-9292 – ATTN: KELLY KERLEY