Homeowner's Quote Sheet

Name/DOB:
Phone#: E-Mail:
Spouse's Name/DOB:
Property Address: Common Position on four 2 - Vegre 2 V. (A)
Own/ Rent/ Other: Current Residence for 2+ Years? Y /N If NO, Previous Address:
New Purchase?Y /N If YES, Closing date:
Pay Plan:Escrow Annual Semi-Annual Quarterly Monthly EFT Deductible:\$
Mortgage Comp. Name/Address:
Current Insurance Carrier: Current Payment:\$
HOME INFORMATION
City Water? Y/N # Of Occupants: Year Built: Sq. Footage:
Of Stories: Foundation:Crawl Space Slab Piers Basement(% finished)
Construction: Frame Brick/Masonry Modular Mobile Home (Make/Model):
Exterior: Vinyl Aluminum Brick Wood: Other:
Garage? Y/N Attached / DetachedCar(s)
Porch:SQ ft Covered: Y /N Deck: SQ ft Covered: Y /N
Additional Detached Structures?Y /N Description: Value:
Primary Heat Source: Wood Burning Stove? Y /N Location:
Fireplace?Y /N Gas /Electric Pool:Y /N Inground /Aboveground Trampoline:Y /N
Fenced Yard?Y /N Any Business Conducted on the Premises?(Clients in home) Y /N
Dogs:Y /N Breed: Bite History:Y /N Farm Animals?Y /N Type:
Update Year:Plumbing Heating Roof (professional install?Y /N) Electric
Any Losses/Claims in past 5 years? Y /N
If yes, info:
DISCOLINITS.
DISCOUNTS:
Package: Flood Insurance:Security System:Y /N Type:
Back-up Generator:Y /N
Occupation/Employer: