Homeowner's Quote Sheet

Name:	•
Phone #:	E-Mail:
DOB:	Spouse's Name/DOB:
Property Address:_	
Own / Rent / Other	r: Current Residence for 2+ Years? Y/N
If NO, Previous Add	dress:
New Purchase? Y/	N Pay Plan: Escrow Annual Semi-Annual Quarterly Monthly EFT
Mortgagee Name/	Address:
(Closing Date:) Deductible Amt/Current Cov:
HOME INFORMATI	<u>ON</u>
City Water? Y/N	# Of Occupants: Year Built: Sq. Footage:
# Of Stories:	Foundation: Crawl Space Slab Piers Basement (% finished)
Construction: Fram	ne Brick/Masonry Modular Mobile Home (Make/Model)
Exterior: Vinyl Al	luminum Brick Wood Other
Garage? Y/N Att	ached/DetachedCar(s) Heated? Y/N Porch/Deck? Y/NSq. Feet
Addt'l Detached Str	ructures? Y/N Description:Value:
Primary Heat Sourc	e: Wood Burning Stove? Y/N Fireplace? Y/N Gas/Electric
Addt'l Hazards: Poo	ol(Fenced? Y/N) Trampoline(Fenced? Y/N) Hot tub Pond
Any Business Condu	ucted on the Premises? (Meets with clients in home) Y/N
Dogs(breed)	Farm Animals? Y/N Type:
Updates done to: I	Plumbing Heating Roof Electric
Any Losses in past 5	5 years? Y/N When: Cause:
DISCOUNT QUAL	IFICATIONS
Packaged with Auto	/Life? (up to 25%) Y/N Credit Union Member: Y/N
Occupation:	
Last Level of Educat	ion Completed: