



# Homeowners Insurance Quote

Date: \_\_\_\_\_

## Primary Insured's Info

Full Name		Effective Date	
Address		Cell Phone	
City		Home Phone	
State		Length at residence	
Zip		Prior Ins Company	
Email		Prior Ins months	

## Residents' Info

	Resident 1	Resident 2	Resident 3
First Name			
Last Name			
Date of Birth			
Gender	M / F	M / F	M / F
Social Security #			
Occupation			
Employer			
Marital Status			
Claims (5 years)			

## Current Insurance Limits

Dwelling	
Detached Structures	
Contents	
Additional Living	
Liability	
Medical Pay	
Deductible	
Outbuilding #1	
Outbuilding #2	
Outbuilding #3	
Payment Method	
Annual Premium	

Please provide dwelling information on next side. →

**Dwelling Info**

Date Purchased		Purchased Price	
In City Limits?	Y / N	Miles to Fire Station	
Year Built		Exterior siding type	
Finished Square Footage		Number of Stories	
Basement Square Footage		% Basement Finished	
Porch Square Footage		Deck Square Footage	
Number of Baths	Full- Half-	Quality of Finishes (See Help Sheet)	
Roof Type		Roof Age	
Heat Type		Heat Age	
Electrical Type		Electrical Age	
Plumbing Type		Plumbing Age	
A/c Type		Fireplaces or woodstoves	
Swimming Pool	Y / N	Trampoline	Y / N
Garage		Total Acres	
Animals Breeds		Animals with bite history	
Earthquake Deductible			
Scheduled items value - Jewelry, guns, or collectibles			

**Notes**