

HOMEOWNER QUOTE SHEET

Name _____

Address _____

Home Phone _____ Work/Cell Phone _____

Date of Birth _____

Social Security# _____

COVERAGE AMOUNT

Dwelling value for replacement cost _____

Personal Property _____

Liability _____

Medical Payments _____

Deductible _____

Construction _____ Year Built _____

Square Footage _____ Roof Type: Shingle Metal

Would you consider your home to be a custom home with upgrades? _____

Within 5 miles of fire station _____

Within 1000 ft of fire hydrant _____

Monitored security system _____ Fire _____ Burglar _____

Pool _____ Trampoline _____

Roof type _____ Woodstove _____

Scheduled Personal Property _____

Current Insurance

Carrier _____

Renewal Date _____

Any claims in last 5 years? _____