

Quote Data Form

Date: _____

Name: _____

Hm Adr: _____ Zip: _____ County: _____

Ma Adr: _____ Zip: _____

Hm: _____ Wk: _____ Cell: _____ Fax: _____ Pgr: _____

Homeowners, Renters, Condo, Landlord, Mobilehome Number of units attached together: _____

How many claims in last 3 years? _____ Do you smoke Y N In City Limits Y N Dist from fire St _____

Year Built _____ Sq Ft. _____ Market Value _____

Purchase Date: _____ Stories _____ Garage type: 1 2 3 att det c-port none

Basement: Yes No S.F. _____ Foundation Type: _____

Update Year (if home is over 25 years old): Electrical _____ Plumbing _____ Heating _____

Interior: sheetrock/ plaster/ paint/ paneling/ wallpaper Floors: carpet/ vinyl/ hardwood/ tile/ slate

Exterior: wood/ stucco/ shingle/ _____ Roof: asphalt/ wood/ shingle/ shake/ tile/ _____ Age _____

Bedrooms _____ # Baths _____ # Fireplace _____ # wood stove _____

Business on premises? Y N Heat: central/ wall/ AC Deck Y N Porch Y N Skylights: _____

Security: local/ central/ none Smoke Alarm Y N Deadbolts on all the doors Y N Fire Sprinkler System Y N

Hot Tub Y N Pool Y N Dive Board Y N Gated/Locked Y N Dog Y N _____