

Quote Date _____ Effective Date _____ Producer _____

Name Insured			Co-Applicant		
Property Address					
Mailing Address (if different)					
DOB		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	Occupation	
Years at Address		Contact #		Cell #	

Sq Ft: _____ Year Built: _____ # of Stories: _____ Year Purchased: _____

Occupancy: Owner Tenant Renter • # of Families: Single Unit Duplex Triplex Fourplex

Construction Type: Frame Masonry • Condition of Property: Excellent Good Poor

Roof Type: Composition Shingle Wood Shake Clay /Concrete Tile Other

Domestic Help: Yes No ----if yes, _____ • Pool: Yes No → Fenced: Yes No → Diving Board: Yes No

Business on Premises: Yes No • Animals or Dogs on Premises: Yes No --- Explain if yes, _____

Updates (Year & Partial or Full): Electrical _____ Plumbing _____ Roof _____ Heating _____

_____ Smoke Detector _____ Fire Extinguisher _____ Window Bar _____ Sprinkler (Full Partial) _____ Gated Community

_____ Burglar Alarm (provide certificate if central) → Local Central Policy • _____ Fire Alarm: Local Central Fire Dept.

Loss History (past 3 yrs) _____ Cancelled / Decline / Non-renew: Yes No

Enter "#" for each item listed below

- _____ Kitchen: Basic Builder's Grade Custom
- _____ Dining Room
- _____ Living Room
- _____ Bedroom
- _____ Full Bath: Basic Builder's Grade Custom
- _____ 1/2 Bath: Basic Builder's Grade Custom
- _____ 3/4 Bath: Basic Builder's Grade Custom
- _____ Den, Study, or Office
- _____ Family or Game / Recreation Room
- _____ Utility / Laundry Room (140 sq. ft. or larger)

- _____ Attached Garage: 1 2 3 4
- _____ Built In Garage: 1 2 3 4
- _____ Detached Garage: 1 2 3 4
- _____ Fireplaces
- _____ Basement: Finished Unfinished
- _____ Enclosed Patio or Porch: _____ sq. ft.
- _____ Open Patio or Porch: _____ sq. ft.
- _____ Built-In Items _____
- _____ Special Customizations _____
- _____ Other _____

Personal Liability		Deductible		Medical	
1 st Mortgagee				Loan #	
Address				Telephone #	
2 nd Mortgagee				Loan #	
Address				Telephone #	
Current Carrier				Expiration Date	
Remarks					