

HOMEOWNER QUOTE SHEET

HO3 HO6 HO4 DF3 Occupancy _____

DATE _____ SOURCE _____ ESCROW (YES/NO) _____
💡 Mention Agency Referral Program 💡 Call Escrow / Referral Source

REASON FOR SHOPPING: _____ 💡 Explain about Agency's VALUE

NAMED INSD _____ DATE OF BIRTH _____ MARRIED/SINGLE _____

SECOND NAMED INSURED: _____ DATE OF BIRTH _____

ADDRESS _____

PHONE _____ EMAIL _____

BRUSH _____ SLOPE _____ TRAMPOLINE _____ ANIMALS _____ INSERV/OUTSERV _____

OCCUPATION: _____ 💡 If Self-Employed, Solicit Commercial Lines
ANY DAYCARE OR BUSINESS ON PREMISE _____ (YES/NO) IF YES, EXPLANATION: _____

SQFOOT _____ YRBUILT _____ SLAB _____ POOL _____ SPA _____ DIVINGBOARD _____ SLIDE _____

- IF BUILT OVER 30 YRS:**
- 1) AGE & TYPE OF ROOF _____
 - 2) AGE & TYPE OF PLUMBING _____
 - 3) AGE & TYPE OF WIRING _____
 - 4) AGE & TYPE OF HEATING _____
 - 5) BOLTED TO FOUNDATION _____
 - 6) WATER HEATER STRAPPED _____

CURRENT CARRIER _____ IN FORCE? _____ CURRENT DWELLING AMOUNT: _____

AUTO CARRIER WITH SAME CARRIER? _____ 💡 (APPLY MULTI-POLICY DISCOUNT & OFFER QUOTE)

LOSSES LAST 3 YEARS _____

HOME INFO (ZILLOW IF POSSIBLE)

# OF STORIES _____	# BATH _____	ROOF TYPE _____	AIR _____
# CAR GARAGE _____	ATTACHED _____	KITCHEN UPDATE _____	BATH UPDATE _____
# FIREPLACES _____	# CHIMNEYS _____	FLOORING: WOOD _____%	CARPET _____%
			TILE _____%

COVERAGE INFO

DWELLING AMOUNT _____	LIABILITY _____	UMBRELLA: _____
ADDITIONAL STRUCTURES _____	DEDUCTIBLE _____	Suggest \$2500.00
EQ DEDUCTIBLE _____		

💡 IF NO EQ - Present Quick Quote

DISCOUNTS/OTHER:

FIRE /BURGLAR ALARM YES NO | CENTRAL LOCAL | SPRINKLERED YES NO

GATED COMMUNITY YES NO IF YES, GUARD & FENCE OVER 6 FOOT YES NO

HOMEOWNERS ASSOC YES NO IF YES, LOSS ASSESSMENT AMOUNT \$ _____

SCHEDULED ITEMS:

JEWELRY _____	FINE ART _____	FUR _____
SILVER _____	COMPUTER _____	OTHER _____