



Homeowners Quote Worksheet

Policy Information

Insured's Name – First: _____ Middle: _____ Last: _____

SSN: _____ Date of Birth: _____ Marital Status: _____ E-mail: _____

Spouse Name – First: _____ Middle: _____ Last: _____

SSN: _____ Date of Birth: _____ Relation to Insured: _____ E-mail: _____

I am aware that my agent may obtain my/our consumer report information to prepare an insurance quote.

Insured Occupation: _____ Spouse Occupation: _____

Primary Phone: _____ Home Office Cell Secondary Phone: _____ Home Office Cell

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Parish: _____

Time at present address: Yrs _____ Months _____

Is the location address the same as the mailing address? Yes No (If no, complete address info below)

Dwelling Address: _____ City: _____ State: _____ Zip Code: _____

Underwriting

Date of Purchase: _____

Is there a swimming pool?..... Yes No

Is the home under construction?..... Yes No

If a pool, is it fenced?..... Yes No

Is there a business on the premises?..... Yes No

Are there dogs on the premises?..... Yes No

Number of losses incurred in the last 5 years to the home or personal possessions: _____

Are horses and/or livestock kept on premises?.. Yes No

Current or most recent property insurance carrier: _____ Exp. Date _____

Has the property insurance been cancelled, declined, or non-renewed in the last 5 years? Yes No

First Mortgage: Yes No Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Dwelling Information

Is this a secondary dwelling?..... Yes No

Number of stories: _____

Feet from hydrant: _____ feet

Total living area square footage: _____ sq. ft

Miles from fire department: _____ miles

Dwelling Type: _____

Within city limits?..... Yes No

Number of families: _____

Year Built: _____

Maintenance Condition: _____

Construction Type: _____

Inspection Date: _____

Synthetic Stucco?..... Yes No

Responding Fire Department: _____

Roof type: _____

Protection Class: _____

Roof renovation year (if applicable): _____

Current Dwelling Coverage Amount:\$ _____

Heating system type: _____

Discount & Surcharges

Burglar Alarm –or- Burglar/Fire Alarm Combo → Type of Monitoring: _____

Date alarm verified: _____

Deadbolts Smoke Detector Fire Extinguisher Gated/Retirement Community

Guide for Replacement Costs

Dwelling Built On: Basement Piers Slab
Garage or Carport? _____
Garage Size: 1 car 2 car 3 car 4 car

Number of Fireplaces: _____
If so, gas or woodburning? _____
Number of Bathrooms: _____

Additional Features – Enter area amounts in square feet

Balcony/Deck Area: _____ sq. ft.
Open Porch Area: _____ sq. ft.
Enclosed Porch Area: _____ sq. ft.
Open Breezeway Area: _____ sq. ft.
Enclosed Breezeway Area: _____ sq. ft.
Unfinished LowerLevel/Half Story Area: _____ sq. ft.
Type of Floors (%): _____
Type of Interior Walls (%): _____
Type of Exterior Walls (%): _____

Finished Basement : _____ sq. ft.
Walk-Out Basement: _____ sq.ft.
Finished Attic Area: _____ sq.ft.
Screened Patio Area: _____ sq.ft.
Screened Patio Built On: Post Slab Foundation
Air Conditioning Duct Type: Heat Duct Separate Duct

Scheduled Personal Property

Description: _____ \$ _____
Description: _____ \$ _____
Description: _____ \$ _____
Description: _____ \$ _____

Underwriting Questions

For possible discounts, please identify the provider and policy number for any of the following types of insurance you have:

Auto _____ Provider _____ Policy Number _____
 Motorcycle/Off-Road _____ Provider _____ Policy Number _____
 Watercraft _____ Provider _____ Policy Number _____
 RV/Travel Trailer _____ Provider _____ Policy Number _____

Additional Comments

Empty rectangular box for additional comments.

Insured's Signature Date

Insured's Print Name

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