



HOME/RENTERS/CONDO/DWELLING FIRE QUOTE REQUEST

Date: _____

APPLICANT INFORMATION

First Name: _____ Last Name: _____

How did you hear about us? _____

DL Status: _____ Gender: _____

Date of Birth: _____ Marital Status: _____

SSN: _____ Education: _____

Occupation: _____

Industry: _____ How many years? _____

CONTACT INFORMATION

Address Line #1: _____

Address Line #2: _____

City: _____ State: _____

County: _____ Zip Code: _____

Time at Address: _____

Email: _____

Phone Number: _____

DWELLING ADDRESS *(if different from above)*

Address Line #1: _____

Address Line #2: _____

City: _____ State: _____

County: _____ Zip Code: _____

Time at Address: _____

CO-APPLICANT INFORMATION

Relationship: _____

First Name: _____ Last Name: _____

DL Status: _____ Gender: _____

Date of Birth: _____ Marital Status: _____

SSN: _____ Education: _____

Occupation: _____

Industry: _____ How many years? _____

Email: _____

FINANCIALS

How many active mortgages are on the property? _____

Was there a cosigner? Yes No

Is there a Home Equity Line of Credit taken out on the property? Yes No

GENERAL POLICY INFORMATION

Prior Insurance Policy: Yes No

If Yes, please provide details below:

Prior Insurance Carrier: _____

Policy Effective Date: _____

Policy Expiration Date: _____

If None, Reason for No Prior: _____

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

Is there a business or daycare on the premises? Yes No

If yes, # of Employees: _____

DWELLING DETAILS

Property Type: _____

Occupancy of the Property: _____

Year Built: _____ Purchase Price: _____

Purchase Date: _____ Move-in Date: _____

Area (Sq.Ft.) _____ # Stories: _____

Units: _____ # Beds: _____ # Baths: _____ # Kitchens: _____

CONSTRUCTION INFORMATION

Is the home under construction? Yes No

Basement: No Yes , what type: _____

% Finished: _____ # Baths: _____

Gas/Wood Fireplace Yes No

Wood/Pellet Stove Yes No

Swimming Pool: No Yes

If Yes, Slide? Yes No Fenced? Yes No

Trampoline? Yes No

Specialty: _____

Garage: No Yes , what type: _____

Cars: _____ Area (Sq.Ft.) _____

Loss Prevention (select all that apply)

Smoke Detector Fire Extinguisher Dead Bolt

Local Alarm Central Theft Central Fire

Sprinkler Other: _____

Outside Structures: No Yes

If Yes, what type: _____ Area (Sq.Ft.) _____

UPDATES TO THE DWELLING

Heating: No Yes , what type:

How Much? (%) Year Updated:

Electrical: No Yes , wiring type:

How Much? (%) Year Updated:

Plumbing: No Yes , pipe type:

How Much? (%) Year Updated:

Roofing: No Yes , what type:

How Much? (%) Year Updated:

ADDITIONAL QUESTIONS

Are there dogs on the premises? No Yes, if Yes:

Breed:

Bite History (If any):

Is this home vacant or up for sale? No Yes, if Yes:

Reason for Sale or Vacancy:

Expected Length of Time:

Earthquake and Flood are excluded from this policy. Did you want an Earthquake or Flood quote? No Yes

If Yes (select all that apply) Earthquake Flood

Do you own any other properties, rental homes, vacation homes or any other land? No Yes, provide details:

Liability Company:

Address of Liability Company:

Do you serve on any Charitable, Social, or Government boards or have any non-compensated positions? No Yes, if yes:

Type of Board: Position:

RENTERS ONLY

Does the landlord/property management company need to be listed? No Yes, if yes:

Name:

Address:

RENTAL PROPERTY ONLY (DWELLING FIRE)

Do you require all tenants to have a renter's policy? Yes No

Do you have a property management company? Yes No

If Yes, Does the Management Company need to be listed on your policy? No Yes, if yes:

Name:

Address:

Do you employ any Domestic Employees (Maid, Nanny, etc)?

No Yes. If Yes, type of employee:

Do you have any boarders or roommates? No Yes, if Yes:

Type:

Do you require background and credit checks for each tenant?

Yes No, if No:

What kind of check do you utilize for tenants?

Do you require a signed lease and a security deposit?

No Yes, if Yes:

Lease Term Length:

How often do you inspect the dwelling?

What does the inspection include? (select all that apply)

Interior Plumbing Heating

Electrical None

Other (Description):

Are you aware of any condition or maintenance issues?

No Yes If Yes, List Damage:

HOME/CONDO ONLY

Is this home titled in a name other than those listed above?

No Yes, if Yes provide details below:

Name (Trust, LLC, etc.):

Do you own, breed or foster any animals? No Yes, if Yes:

Breed: Sex:

Age: Spade/Neutered:

Training:

Bite History:

Do you own any Jewelry, Furs, Firearms, Antiques, Gold / Silverware, Stamps, Coins, Musical Instruments, Sports Equipment, or Fine Art? No Yes, if Yes:

Description:

Value:

Do you own any tools, equipment, or other property used in your trade, business, or profession? No Yes, if Yes:

Description of Property:

Do you have a non-owned property in your care, custody, or control exceeding a value of \$1000? No Yes, if Yes:

Description:

Value:

Do you own any Boat, Jetski, Wave runner, Golf Cart, Dirt Bike, ATV, Snowmobile, Dune Buggy, Riding Mower, Tractor, or Aircraft?

No Yes. If Yes:

Type: Make/Model:

