

Sarah Judy's Insurance Agency



HOUSE INSURANCE QUOTES



1ST INSURED _____

ADDRESS _____

PHONE # _____ **JOB** _____

SS# _____ **DOB** _____

MARITAL STATUS: _____ **AUTO POLICY W/ AGENCY?** _____

EMAIL _____

2ND INSURED _____ **RELATION TO INSURED** _____

SS# _____ **DOB** _____

NEW ? _____ **PRIOR INS?** _____ **CARRIER** _____ **EXP** _____

YEAR BUILT _____ **CONSTRUCTION** ☐ Frame ☐ Masonry ☐ Masonry Veneer

SQUARE FOOTAGE _____ **# OF STORIES** _____

USAGE? MO. OCCUPIED _____ ☐ Primary ☐ Rental ☐ Secondary

HEAT SOURCE? ☐ Gas ☐ Electric ☐ Central ☐ Window Unit

ROOF _____ **SHAPE** _____ **FNDTN** _____ **FP?** _____

FIRE ALARM? ☐ Yes **BURGLAR ALARM?** ☐ Yes **SPRINKLER SYSTEM?** ☐ Yes

UPDATES? Elect _____ Heat _____ Roof _____ Plumb _____ W. Heat _____

DISTANCE TO A FIRE HYDRANT? _____ **FT.** **FLOOD ZONE?** _____

DATE OF PURCHASE _____ **COVERAGE** ☐ RC ☐ FR ☐ ACV

PURCHASE PRICE \$ _____ **COVERAGE REQUESTED** _____

LIENHOLDER/LN# _____

LOSS HISTORY? _____

NOTES: _____

for office use only

COVERAGE A (DWELLING)

\$ _____

COVERAGE B (STRUCTURES)

\$ _____

COVERAGE C (PERSONAL PROPERTY)

\$ _____

COVERAGE D (LOSS OF USE)

\$ _____

COVERAGE E (PERSONAL LIABILITY)

\$ _____

COVERAGE F (MEDICAL)

\$ _____