



### Homeowner Insurance Quote Information

Name:		Phone #:
Address:		County:
Current Insurance Company:	Expiration date:	Township:

**Please answer the following:**

What fire station primarily responds to your home in case of fire? Do you have city utilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many road miles is the fire station from your home? Is there a fire hydrant within 1000' of your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you been canceled, declined or refused insurance for similar coverages in the past five years? ..... Is your home well-maintained showing pride in ownership? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you turned in claims within the past five years? ..... If yes, please explain in "Remarks" section including dates and dollar amounts of loss(es)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What year was your home built? ..... _____ What construction is your exterior wall? <input type="checkbox"/> Frame _____ % <input type="checkbox"/> Brick Veneer _____ % <input type="checkbox"/> Other _____ % Age of roof? ..... _____ Age of Home Heating Unit? ..... _____ Type of Home Heating Source? ..... _____ Age of Electrical System? ..... _____ Type of Electrical System? ..... _____ How many Amps? ..... _____ Any aluminum wiring? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Age of plumbing? ..... _____ Any exterior use of polybutelene piping? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Do you conduct any business on premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own vacant land? ..... <input type="checkbox"/> No <input type="checkbox"/> Yes - explain in "Remarks"	Do you own a swimming pool? <input type="checkbox"/> No <input type="checkbox"/> Yes - <input type="checkbox"/> Above ground, or If below ground, is the pool <input type="checkbox"/> Below ground? surrounded by at least a 3' fence with locking gates? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own a trampoline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own animals? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type & breed? ..... Type _____ Breed _____ Has any animal shown aggressive behavior or bitten anyone? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own a woodburning stove? .... <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own or use any other auxiliary heating device? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No What type of smoke detectors? ..... <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired to your electrical How many smoke detectors in house? _____ Do you own boats, jet skis or other recreational vehicles? ..... <input type="checkbox"/> No <input type="checkbox"/> Yes - explain in "Remarks"
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<b>FROM YOUR CURRENT INSURANCE POLICY - FILL IN YOUR CURRENT LEVELS OF COVERAGE:</b> Coverage A: Dwelling \$ _____ Coverage B: Other Structures \$ _____ Coverage C: Personal Property \$ _____ Coverage D: Loss of Use \$ _____ Coverage E: Personal Liability \$ _____ Coverage F: Premises Medical \$ _____ Deductible: \$ _____ Premium: \$ _____	<b>FILL IN ADDITIONAL COVERAGES YOU'VE PURCHASED</b> SPECIALLY SCHEDULED PROPERTY: Type Total Limit <input type="checkbox"/> Jewelry ..... \$ _____ <input type="checkbox"/> Furs ..... \$ _____ <input type="checkbox"/> Guns ..... \$ _____ <input type="checkbox"/> Silverware ..... \$ _____ <input type="checkbox"/> Computers ..... \$ _____ <input type="checkbox"/> Other ..... \$ _____ <input type="checkbox"/> Other ..... \$ _____	MISCELLANEOUS COVERAGES: <input type="checkbox"/> Earthquake <input type="checkbox"/> Backup of Sewer & Drain <input type="checkbox"/> Business Pursuits <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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Do you think your current coverage limits are appropriate and adequate?  Yes  No - If no, please explain in remarks  
 Our policies require adequate "insurance to value limits" as determined by the Boeckh Cost Appraisal Method. A

Remarks:

**THIS FORM IS A REQUEST FOR A PREMIUM ESTIMATE ONLY AND NOT AN INSURANCE POLICY. Any quotes offered are based upon information provided and could change upon further review of "insurance to value" and other applicable information. Any quotes provided are not offers to provide coverage, but rather an estimate of policy premium should your home qualify for coverage.**