

Homeowners Quote Sheet

Date: _____

Referred by: _____

Name: _____ (married, single, divorced, widow)

His DOB: _____ His SSN: _____ His Occupation: _____ Ph# _____

Her DOB: _____ Her SSN: _____ Her Occupation: _____ Ph# _____

Current Address: _____

New Address: _____

Parish: _____ City Limits: Yes/No Bankruptcy last 5 yrs: Yes/No Email address: _____

New Purchase: Yes – Closing date: _____ Mortgage: Yes/No Purchase Price: _____

No - Date purchased: _____ Current Carrier: _____ Current Covg: _____

Does the customer still have a mortgage on the home? Yes or No Current exp. Date: _____

Claims in past 5 years: _____

Year Built: _____ Construction & %: _____ Sq Ft Living: _____ Foundation: _____

Stories: _____ Type of Roof: _____ Age of Roof: _____ Hip/Gable/Flat _____

Type of Floors & % of each: _____ # of Bathrooms: _____

Paint or Wallpaper & %: _____ Heating: Gas/Electric Central Air/Heat: Yes/No

Fireplace: Yes/No How many? _____ Chimney: Metal/Brick If acreage, how many: _____

Carport/Garage: _____ Detached or Attached _____ # of Cars: _____

Porch/Deck/Patio: _____ Sq Ft: _____ Screened: Yes/No

Detached Structures, Utility Shed, Fence, etc (incl value): _____

Pool: Yes/No Above ground or In-ground? Fenced: Yes/No Locked gate: Yes/No Slide/Diving Board?

Trampoline: Yes/No Dogs: Yes/No Breed: _____ How many: _____

Updates: (Required if older than 20 yrs) Plumbing: _____ Heating: _____ Wiring: _____

Optional Coverages (Jewelry, Fur, Silver, ATV, etc): _____

Discounts: Military: Yes/No Smoker: Yes/No Alarm: Local/Monitored - Burglary/Fire/Both Co. name: _____

College degree: Yes/No

Please include a current dec page if possible.....