

HOMEOWNERS/DWELLING QUOTE SHEET

NAME _____ **PHONE#** _____

SS# _____ **D/O/B** _____

MAILING ADDRESS _____

PROPERTY ADDRESS (if different) _____

PREV ADDRESS _____ **HOW LONG** _____

PROPOSED EFFECTIVE DATE _____

DWELLING COVERAGE _____ **DEDUCTIBLE** _____

LIABILITY LIMIT _____ **MEDICAL PAYMENTS** _____

PROTECTION DEVICE CREDITS: deadbolts _____ fire ext _____ smoke detector _____
central alarm _____

PRIOR CARRIER _____

SQUARE FOOTAGE _____

YEAR BUILT _____

RENOVATIONS _____ **YEAR** _____

CONSTRUCTION TYPE _____

NON-SMOKER _____

PRIME TIME CREDIT _____

MORTGAGEE: _____

Escrowed _____

OPTIONAL COVERAGES:

Replacement Cost Dwelling _____

Replacement Cost Contents _____

Identity/Fraud Expense _____

Water/Sewer Back up _____
amount _____

Scheduled Items: jewelry, furs, silver

Computers _____

Watercraft _____

Umbrella _____

Business Pursuits _____