

Homeowners Insurance Quote

FAX TO: (512) 285 - 3774

| | | | | | |
|--|--|---|--|--|--|
| Date: | | CSR Name: | | FPRA Rating: | |
| Homeowner or TDP Policy Holder: | | Referred by: | | If Realtor, what office: | |
| Phone: | | Fax: | | Email: | |
| Name-Head of Homeowners Policy: | | Name - Spouse/Other: (Specify) | | HO/TDP Physical Address: | |
| Date Of Birth: | | Date of Birth: | | | |
| Social Security Number: | | Social Security Number: | | Investors Mailing Address: | |
| <input type="checkbox"/> Investment Property | | <input type="checkbox"/> Primary Residence | | If built before 1961, must have updates on home Specify the year the following items were updated: Wiring: Plumbing: Heating: | |
| <input type="checkbox"/> New Home Purchase | | <input type="checkbox"/> Tenant Occupied | | | |
| <input type="checkbox"/> Already own home | | <input type="checkbox"/> Vacant Renovation | | | |
| | | <input type="checkbox"/> Builder's Risk | | | |
| Year Built: | | <input type="checkbox"/> Builders Grade Home | | | |
| Square Foot: | | <input type="checkbox"/> Custom Home | | | |
| Roof Type: | | <input type="checkbox"/> Stone | | | |
| Age of Roof: | | <input type="checkbox"/> Brick or Brick Veneer | | | |
| Age of Roof: | | <input type="checkbox"/> Frame | | | |
| Square Foot Porches/Decks: | | <input type="checkbox"/> 1 Story / 2 Stories | | | |
| | | <input type="checkbox"/> Bathrooms | | | |
| | | <input type="checkbox"/> Garage / Carport | | Closing Date: | |
| Value of Home | | <input type="checkbox"/> Fireplace | | | |
| \$ | | <input type="checkbox"/> Central Air/Central Heat | | | |
| Deductible Amount | | <input type="checkbox"/> Swimming Pool (if yes, size) | | Current Insurance Carrier: | |
| 1% or \$ | | | | | |
| Mortgage Information | | <input type="checkbox"/> Smoke Alarm(s) | | Policy Number: | |
| Contact: | | <input type="checkbox"/> Monitored Alarm | | | |
| Phone: | | <input type="checkbox"/> Pets / Exotic Animals | | Any Claims in the past three years? (Is this on home and individual?) ___ Yes ___ No (If yes, dates and details re: claim) | |
| | | If yes, what type: | | | |
| Fax: | | | | | |
| Address: | | County: | | | |
| | | Territory: | | | |
| | | Protective Class: | | | |