

HOMEOWNERS QUOTE SHEET

File Number: _____

Insured's Name: _____

Location Address: _____

City: _____ County: _____ Zip Code: _____

Form: HO-A HO-B Type of Construction: _____

Dwelling Amount: \$ _ Liability: \$ _____ Medical Payments: \$ _____

City Limits: IN OUT Territory: _____ Protection Class: _____

Claims:

Year Built: _ Square Footage: _ Type of Roof: _____

Age of Roof: _ Wiring: _ Heat: _ Plumbing:

Endorsements:

- HO-101 Replacement Cost for Personal Property (HO-B Only)
- HO-105 Unscheduled Glass
- HO-110 Jewelry, Watches, and Furs Increase Limit - Coverage: _____
- HO-140 Windstorm, Hail, Hurricane Exclusion
- VI6150E1101 – Roof Exclusion
- VI8129E1104 – Accidental Water Discharge
- VI61381E1209 – Trampoline Exclusion
- VI6367E0207 – Loss Settlement Clause
- Swimming Pool Exclusion

Windstorm/Hurricane/Hail Deductible: _ AOP Deductible:

Notes: _____

Agent Name: _ Agent Number: