



DWELLING FIRE QUOTE SHEET

Insured's Name: _____ SS# (CLUE only NO credit) _____

Mailing Address: _____ DOB: _____ Email: _____

Location Address: _____ Occupation: _____ Phone: _____

City: _____ County: _____ Zip: _____

Form: ☐ DP-1 (F-EC) ☐ DP-1 (F-EC-V&MM)

☐ DP-3 (F-EC-PLF)

Type of Construction: _____ Type of Dwelling (single, duplex, tri or 4plex): _____ Occupancy Type (Owner or Tenant): _____ Is this mobile home? ____ If vacant, is home under renovations? _____ If yes, is insured the contractor? _____

Dwelling Amt: \$ _____ Contents: \$ _____ Loss of Use: \$ _____ Other structures: \$ _____

Liability: \$ _____ Medical Pymts: \$ _____ How many miles from bay/coast? _____

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

Claims: _____

Year Built: _____ Sq Footage: _____ Type Roof: _____

Age of Roof: _____ Wiring: _____ Heat/AC: _____ Plumbing: _____

Partial or Full Updates: _____

Endorsements:

☐ Residence Glass Coverage

☐ Windstorm Exclusion

☐ Replacement Cost

☐ Roof Exclusion

Prior Coverage or New Purchase? _____

If prior coverage, when does it expire? _____

Windstorm/Hurricane/Hail Deductible: _____ AOP Deductible: _____

Notes: _____

Agent Name: _____ Agent # _____