



## HOMEOWNER QUOTE SHEET

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

Mailing Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Location Address: \_\_\_\_\_ Occupation \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Form:        HO-3 Replacement Cost        HO-6 Condo  
              HO-8 ACV                            HO-4 Renters

Type of Construction: \_\_\_\_\_ Occupancy Type: \_\_\_\_\_

Dwelling Amt: \$ \_\_\_\_\_ Other Structures: \$ \_\_\_\_\_ Contents: \$ \_\_\_\_\_

Liability: \$ \_\_\_\_\_ Medical Pymts: \$ \_\_\_\_\_ Loss of Use: \$ \_\_\_\_\_

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: \_\_\_\_\_ How many miles is risk from bay/coast? \_\_\_\_\_

**Endorsements:**

- Residence Glass Coverage
- Windstorm Exclusion
- Replacement Cost on Contents
- Roof Exclusion

Prior Coverage or New Purchase? \_\_\_\_\_

If prior coverage, when does it expire? \_\_\_\_\_

Windstorm/Hurricane/Hail Deductible: \_\_\_\_\_ AOP Deductible: \_\_\_\_\_

Notes: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent # \_\_\_\_\_

Apply Agent Fee? Yes or No \_\_\_\_\_ \$25, \$50, \$75, \$100, \$150, \$175