

HOMEOWNER'S QUOTE

Insured 1 : _____ DOB: _____ SS# _____

Cell # _____ Work# _____ Email address: _____

Insured 2 : _____ DOB: _____ SS# _____

Cell # _____ Work# _____ Email address: _____

Property Address: _____ # yrs _____

Previous Address: _____ # yrs _____

Currently Insured with: _____ Expiration: _____ # yrs _____

Losses last 5 yrs _____

Current Coverage _____ Liability lmt _____ Deductible _____

Appraised Amount _____ Parish: _____ (In / Out City)

Fire Station: _____ distance _____ Fire hydrant _____

Year Built _____ Total Sq Foot _____ # Stories _____ Patio Y / N Sq ft _____ Screen _____

Construction: _____ Foundation _____ Garage/Carport # cars _____

Rooms _____ # Baths _____ Fireplace _____ (gas/elec) Central Air/Heat _____

Updates:

Heating/Cooling _____ Wiring _____ Painting _____

Roof _____ Type (roof) _____

Alarm System _____ (need copy of certificate) Dead Bolts _____

Fire Extinguishers # _____ Smoke Alarms # _____

Pets: _____ Kind/breeds _____

Trampoline: _____ Does trampoline have netting? _____

Swimming Pool _____ Is it fenced _____ Fence height _____ Fence locked _____

Do you have special coverage needs such as jewelry, silverware, furs, guns, fine arts, etc???

Need flood coverage? _____

Closing Date: _____ Mortgage: _____