



HOMEOWNERS QUICK QUOTE APPLICATION

THIS FOLLOWING IS INFORMATION NEEDED TO GET A QUICK QUOTE INDICATION. IN ORDER TO BIND WE REQUIRE A FULLY COMPLETED ACORD APPLICATION.

1. APPLICANT'S FULL NAME:

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DATE OF BIRTH:..... PHONE NUMBER:.....

2. APPLICANT'S LOCATION ADDRESS:

.....

CITY.....STATE.....ZIP CODE.....

3. COVERAGE /LIMIT OF THE PROPERTY

a. HO FORM (Please Circle One) DP1 DP2 DP3 HO2 HO3 HO4 HO6 HO8

b. DWELLING AMOUNT:

c. PERSONAL LIABILITY AMOUNT:

d. MEDICAL PAYMENTS:

****NOTE**** OTHER STRUCTURES, LOSS OF USE AND PERSONAL PROPERTY LIMITS WILL BE INDICATED AT
STANDARD PERCENTAGES. IF OTHER LIMIT DESIRED, PLEASE ADVISE

e. POLICY DEDUCTIBLE:.....

4. RATING AND UNDERWRITING

a. NUMBER OF FAMILIES:..... (Please Circle One) PRIMARY SECONDARY SEASONAL

b. CONSTRUCTION TYPE:.....

c. ROOF TYPE (Please Circle One) Asphalt/Shingles Flat Wood Other:.....

d. YEAR BUILT:.....

e. BUILDING UPDATES: WIRING..... PLUMBING..... HEATING..... ROOF.....

- f. SQUARE FEET:.....
- g. PRIMARY HEAT SOURCE (IF OIL WHERE IS TANK IS LOCATED):.....
- h. FIRE ALARM:.....
- i. REPLACEMENT COST ON CONTENTS: YES NO
- j. WATER BACK UP COVERAGE: YES NO

5. LOSS HISTORY

- a. PRIOR CARRIER:
- b. LOSS HISTORY:

6. MORTGAGEE INFORMATION:

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