

Home/Landlord's Quote Sheet

Personal Information		Years at current address:		
Name		Date of Birth / SS#		
Current Address		City, State, Zip		
Email		Phone #		
Property to be insured information		Purchase Date:		
Address		City, State, Zip		
Apt / Bldg		Year Built		
Vacant / Occupied		Is the bldg. under construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Classification of Owner: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other				
Current Insurance Information				
Current Insurance Policy Co.		Current Policy No.		
Yrs. / Mos. Insured Expiration Date		No. of Claims in the Past 5 yrs.		
Effective Date		Previous Address (if <5 years):		
Occupants				
Marital Status	Name	SS#	Occupation	Relationship to Insured
Insured Property	Item	Yes	No	Other
Does the home have:	Smoke Detectors?			
	Deadbolt locks on all exterior doors?			
	Fire extinguisher?			
	Alarm system? (local/central)			
	A basement? (If Yes, is it Finished?)			% finished: _____ %
	Central Air?			
	A garage?			If Yes, type: <input type="checkbox"/> Attached <input type="checkbox"/> Detached
Additional Information	Do you have a dog?			How many _____? Kind _____?
	Do you have a mortgage?	Name: _____		Loan# _____
Types of Claims / Losses, if any (include dates)				

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