

HOMEOWNERS QUOTE QUESTIONNAIRE

Applicant Name: _____

Phone #: _____

Mailing address: _____

Mobile #: _____

Location address: _____

Email: _____

County: _____

Date of Birth: _____

SS#: _____

Occupation: _____

Employer: _____

Co-applicant Name: _____

Co-applicant DOB: _____

Co-applicant SS#: _____

Has any coverage been canceled, declined or non-renewed within the last 3 years? Yes No

Current Insurance Carrier & Exp. Date: _____

DWELLING INFORMATION

Is this a new purchase? _____

Purchase Price: _____

Current Insured Value: \$
(Replacement Cost) _____

Liability limit requested: \$ _____

Deductible: \$ _____

Year built: _____ Construction Type: _____

Square Footage: _____ Heat type: _____

of Stories: _____ # of bathrooms: _____

Distance to Fire Dept: _____ Distance to hydrant: _____

Protection Device: smoke / burglar

Updates: Full/Partial

What Year

Central

Wiring: _____

Direct

Plumbing: _____

Local

Heating: _____

Roof: _____

	Yes	or	No		Yes	or	No
Swimming Pool:	<input type="checkbox"/>		<input type="checkbox"/>	Deadbolts?	<input type="checkbox"/>		<input type="checkbox"/>
Fenced?	<input type="checkbox"/>		<input type="checkbox"/>	Fire Extinguishers?	<input type="checkbox"/>		<input type="checkbox"/>
Diving Board?	<input type="checkbox"/>		<input type="checkbox"/>	Occupied Daily?	<input type="checkbox"/>		<input type="checkbox"/>
Slide?	<input type="checkbox"/>		<input type="checkbox"/>	Visible to Neighbors?	<input type="checkbox"/>		<input type="checkbox"/>
Above Ground?	<input type="checkbox"/>		<input type="checkbox"/>				
In-ground?	<input type="checkbox"/>		<input type="checkbox"/>				

Is home Rented to others? Yes No Roof material: _____

Basement? Finished? Sq. ft: Garage? # _____ Attached? _____

Sprinklered? Yes No Fireplaces? # _____ Wood? Gas?

Any detached buildings? Yes No

If yes: Construction type? _____ Square footage: _____ Use: _____

ADDITIONAL INFORMATION

Any farming or other business conducted on premises? Yes No

Any Residence Employees? Yes No
NUMBER & TYPE OF FULL AND PART TIME EMPLOYEES

Any other residence owned, occupied or rented? Yes No

Any exotic Pets? Yes No

Is property located within 2 miles of tidal water? Yes No

Is property located on more than 5 acres? Yes No

Does applicant own any recreational vehicles? Yes No

Is building undergoing any renovation or reconstruction? Yes No

Is there a trampoline? Yes No

MORTGAGE INFORMATION

Name of Mortgage Co: _____ Loan #: _____

Address: _____ Is mortgage escrowed? Yes No

COLLECTIONS

Jewelry total value \$ _____	Furs total value: \$ _____	Fine Arts total value: \$ _____
Musical Instruments total value: \$ _____	Silverware total value: \$ _____	Firearms total value: \$ _____
Other Property (describe): \$ _____		

HISTORY OF LOSS

Date of Loss	Description of Loss	Amount Paid

Personal Umbrella quote desired? Yes No Limit:

Additional remarks:

Referred by:

Information taken by:

Date:



110 Mathis Drive Suite 105
Dickson, TN 37055
615-446-2814

1746 Gen Geo Patton Drive, Suite 108
Brentwood, TN 37027
615-371-8599