

Home Quote

Name _____ Phone Number _____ Date of Birth _____

Married or Single Occupation _____ Employer _____

Years at current address _____ Current Mailing Address _____

Location Address _____ County _____

Currently Insured? Yes or No Current Insurance Company _____

Stick Built _____ Log Home _____ Manufactured Home _____ Mobile Home _____

Year Built _____ # of Stories (not including basement): 1 1.5 2 Split-level Other _____

Square footage _____ (not including basement) Type of Siding _____ Type of roofing _____

% Basement _____ % Crawl Space _____ % Slab _____ % Finished Basement _____ Walkout? Yes or No

Deck square footage _____ Porch square footage _____ Open or Enclosed Central Air? Yes or No

Garage? Yes or No Attached or Detached # of cars _____ Finished area? Yes or No

Any other outbuildings? Yes or No If yes, description & value _____

Primary Heat Source? _____ Woodstove? Yes or No Fireplace? Yes or No Wood or gas Insert?

of Full Baths _____ # of ½ baths _____ # of ¾ baths _____

Pool? _____ Above ground or In ground Fenced? _____

Age of: Furnace _____ Plumbing _____ Roof _____ Siding _____ Wiring _____

Breakers or Fuses # of amps? _____

Dwelling limit on current policy _____ Personal Liability _____ Medical payments _____

Deductible _____ Primary Home? Yes or No If no, Seasonal or Secondary Non-Smoker? Yes or No

Responding Fire Dept. _____ Miles to FD _____ Fire Hydrant within 1000 feet? Yes or No

Farming or livestock on premise? Yes or No If yes, describe _____

Any business conducted on premise? Yes or No If yes, describe _____

List # of dogs and breed _____ Trampoline? Yes or No

Please list any additional items to be scheduled on the policy: (ex: Boats, ATV's, Snowmobiles, Jewelry, Collectibles)