



# Homeowner/Renter Quote Information Sheet

Name \_\_\_\_\_ Head of Household? Yes \_\_\_\_\_ No \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Company \_\_\_\_\_

## Dwelling

Dwelling Type: Home \_\_\_\_\_ Apt. \_\_\_\_\_ Rental \_\_\_\_\_ Construction Type \_\_\_\_\_  
Roof Type \_\_\_\_\_  
Year Built \_\_\_\_\_ Number of Units \_\_\_\_\_  
Sq. Feet \_\_\_\_\_ Prior Losses? \_\_\_\_\_

## Description

Air Conditioning \_\_\_\_\_ Interior Walls \_\_\_\_\_  
Garage Type \_\_\_\_\_ Flooring Covering \_\_\_\_\_  
Kitchen Grade \_\_\_\_\_ Bathrooms \_\_\_\_\_  
Fireplaces \_\_\_\_\_ Exterior Walls \_\_\_\_\_

## Potential Credits

Non-Smoker: Yes \_\_\_\_\_ No \_\_\_\_\_  
Central Burglar/Fire: Yes \_\_\_\_\_ No \_\_\_\_\_  
Home Security: Yes \_\_\_\_\_ No \_\_\_\_\_  
Sprinkler: Yes \_\_\_\_\_ No \_\_\_\_\_  
Year Renovated: Yes \_\_\_\_\_ No \_\_\_\_\_  
New Household: Yes \_\_\_\_\_ No \_\_\_\_\_  
New Construction: Yes \_\_\_\_\_ No \_\_\_\_\_

## Coverage

Deductible Amount \$ \_\_\_\_\_ Earthquake: Yes \_\_\_\_\_ No \_\_\_\_\_

Notes: \_\_\_\_\_  
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