

Primary	<input type="text"/>	Mar Status	<input type="text"/>	DOB	<input type="text"/>	Occup	<input type="text"/>
Secondary	<input type="text"/>	Mar Status	<input type="text"/>	DOB	<input type="text"/>	Occup	<input type="text"/>
Address to Quote	<input type="text"/>		Mailing address/ prior if new	<input type="text"/>		Date Purch.	<input type="text"/>
						Type Home	<input type="text"/>

### Property Details and Replacement Cost information

### Underwriting Concerns

YOC	<input type="text"/>	Units	<input type="text"/>	Occup	<input type="text"/>
Style	<input type="text"/>	SF	<input type="text"/>	Hist Regist	<input type="text"/>
Construction	<input type="text"/>	Ext Siding	<input type="text"/>		
Kitchen(s)	<input type="text"/>	Grade	<input type="text"/>		
Bath(s)	<input type="text"/>	Grade	<input type="text"/>		
Foundation	<input type="text"/>	iF Basement	<input type="text"/>		
Walkout-Bsmmt	<input type="text"/>	Garage	<input type="text"/>		
Att. Struct	<input type="text"/>	IF YES	<input type="text"/>		
Other structures	<input type="text"/>	IF YES	<input type="text"/>		
FP	<input type="text"/>	CA	<input type="text"/>	Same ducts if Central Air	<input type="text"/>
Central Heat	<input type="text"/>	Heat Type	<input type="text"/>		
iF OIL-Tank location	<input type="text"/>		UG Oil Tank	<input type="text"/>	
Serviced Annually	<input type="text"/>	Oil line into foundation	<input type="text"/>		
AGE OF Furnace/boiler	<input type="text"/>	Age Roof	<input type="text"/>		
Electrical Yr update	<input type="text"/>	Plumbing Yr Update	<input type="text"/>		
Roof Pitched/Flat	<input type="text"/>	Type	<input type="text"/>		
100% Circuit Breakers	<input type="text"/>	Amps	<input type="text"/>		
Any fuses, k/t, alum wiring	<input type="text"/>				
Plumbing type	<input type="text"/>				
Known leaks	<input type="text"/>	Age Water Heater	<input type="text"/>		
if stucco, EIFS or Dryvit	<input type="text"/>	Peeling paint	<input type="text"/>		
All steps 3 or more have railings?	<input type="text"/>				

Dogs, farm animals, exotic pets?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF Yes <input type="text"/>			
Any Bite history?	<input type="checkbox"/> Yes <input type="checkbox"/> No	AKC Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes	<input type="checkbox"/> Above Ground <input type="checkbox"/> Inground
Diving Board	<input type="checkbox"/> Yes <input type="checkbox"/> No	Slide	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trampoline	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes	<input type="checkbox"/> Safety net <input type="checkbox"/> Parental Supervision
> 5 acres	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes	<input type="text"/>
Business/Daycare/ Farming?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes	<input type="text"/>
Construction/ Renovation	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes	<input type="text"/>
Home for sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Short Sale/Foreclosure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Losses in 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes	<input type="text"/>
Are you currently being cancelled/non renewed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Supp Heat	<input type="text"/>	if YES	<input type="text"/>
		if > 1	<input type="text"/>
<input type="checkbox"/> Prof Install <input type="checkbox"/> No Combustibles <input type="checkbox"/> Shield <input type="checkbox"/> Hearth Rug			

Additional info

**Current Policy Information, Endorsements, Discounts**

Current carrier	<input type="text"/>	Years with	<input type="text"/>
Renewal date	<input type="text"/>	Prem	<input type="text"/>
Mtgee(s) add int	<input type="text"/>		
Billing/payor	<input type="text"/>		
What is CCA	<input type="text"/>	Cov B	<input type="text"/>
Cov C	<input type="text"/>	Cov D	<input type="text"/>
Liability	<input type="text"/>	Med pmts	<input type="text"/>
Ext cov A	<input type="text"/>	<input type="checkbox"/> Inc Cov B	<input type="checkbox"/> RC on B
<input type="checkbox"/> Inc Cov C	<input type="checkbox"/> RCC	<input type="checkbox"/> Special C	
<input type="checkbox"/> Inc Bus Pr	<input type="checkbox"/> inc loss ases	<input type="checkbox"/> Equ Brkdwn	
<input type="checkbox"/> Identity theft	<input type="checkbox"/> Ord of Law	<input type="checkbox"/> Pers Inj	
<input type="checkbox"/> Ref Products	<input type="checkbox"/> Flood	<input type="checkbox"/> Equake	<input type="checkbox"/> Umbrella
Water backup	<input type="text"/>		
Liab Ext	<input type="text"/>		
Sched prop	<input type="text"/>		
Ded	<input type="text"/>	Hurr Ded	<input type="text"/>
<b>Additional info/endorsements</b>	<input type="text"/>		

**DISCOUNTS**

- |                                      |                                    |                                       |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> DEADBOLTS   | <input type="checkbox"/> DIR FIRE  | <input type="checkbox"/> CARB Monox   |
| <input type="checkbox"/> SM DETECTOR | <input type="checkbox"/> DIR BURGL | <input type="checkbox"/> NON SMK      |
| <input type="checkbox"/> Local Fire  | <input type="checkbox"/> CENT Fire | <input type="checkbox"/> SPRINKLER    |
| <input type="checkbox"/> Local burg  | <input type="checkbox"/> CENT BUR  | <input type="checkbox"/> Multi Policy |

**Additional Discounts****Additional and Supplemental UW Questions**

<b>IF Multi</b>	<b>2 MEANS OF EGRESS</b>	<input type="text"/>	<b>Lead paint</b>	<input type="text"/>
<b>Any branches overhanging roof?</b>		<input type="text"/>		
<b>Converted Multi to single/Business to Personal</b>		<input type="text"/>		
<b>Moss/heavy vegetation growth on roof or side of home?</b>		<input type="text"/>		
<b>Residence Employees</b>	<input type="text"/>	<b>Oil/Gas well on prop?</b>	<input type="text"/>	
<b>Rec Vehs/ATVS/BOATS/MC</b>	<input type="text"/>	<b>IF YES</b>	<input type="text"/>	
<b># of children in house &lt; 18</b>		<input type="text"/>		
<b>5 YRS BKRPTCY/FOREC/REPOSES</b>		<input type="text"/>		
<b>Sauna/Hot Tub on property</b>		<input type="text"/>		
<b>Convicted of Arson or Fraud?</b>		<input type="text"/>		
<b>Prop within 300 feet of comm building?</b>		<input type="text"/>		
<b>Sump pump on prop</b>	<input type="text"/>	<b>IF YES</b>	<input type="checkbox"/> BATTERY POW <input type="checkbox"/> GAS POWERED	
<b>Hydrant &lt; 5k feet</b>	<input type="text"/>	<b>Miles to Fire dept</b>	<input type="text"/>	
<b>Miles from coast</b>	<input type="text"/>	<b>Mitigations</b>	<input type="text"/>	
<b>FMV</b>	<input type="text"/>	<b>Purch Price</b>	<input type="text"/>	
<b>SS# 1</b>	<input type="text"/>	<b>SS# 2</b>	<input type="text"/>	

**Contact info****Marketing****Additional info**