

HOMEOWNER QUOTE SHEET

Producer/CSR Name: _____

Date: _____

Named Insured: _____

DOB: _____

Spouse Name: _____

DOB: _____

Who are the deeded owners? _____

Address: _____

Location of Home _____

Age of Home? _____

☐ Frame ☐ Brick

of Families? _____

Style of Home? _____

of Stories? _____

Square Footage: _____

Garage? ☐ Yes ☐ No

Attached? ☐ Yes ☐ No

of Cars? _____

of Baths? _____

Finished Basement or Attic? ☐ Yes ☐ No

If yes, describe: _____

Is there a Deck or Porch? ☐ Yes ☐ No

If yes, size? _____

Fireplace? ☐ Yes ☐ No

Type of Heat? ☐ Oil ☐ Electric ☐ Gas ☐ Other: _____

Wood stove? ☐ Yes ☐ No

If yes, professionally installed? ☐ Yes ☐ No

Roof Material? ☐ Shingles ☐ Metal ☐ Slate ☐ Other: _____

IF HOME IS OVER 25 YEARS OLD:

Are there: ☐ Circuit Breakers ☐ Fuses _____(year)

Is the plumbing: ☐ All Copper ☐ Any Lead Pipes _____(year)

Has the roof been replaced? ☐ Yes ☐ No

If yes, when? _____

Age of heating system/furnace? _____

Serviced annually? ☐ Yes ☐ No

How far are you from the nearest fire department? _____

How far are you from the nearest fire hydrant? _____

Do you have smoke detectors in your home? ☐ Yes ☐ No

If yes, how many: _____

Do you have fire extinguishers? ☐ Yes ☐ No

Do you have any smokers in household? ☐ Yes ☐ No

Do you have a security system? ☐ Yes ☐ No

Do you have dead bolt locks on all doors? ☐ Yes ☐ No

How much coverage do you currently carry on your home? _____

DO YOU HAVE ANY OF THE FOLLOWING COVERAGES?

Replacement cost on your house? ☐ Yes ☐ No

Replacement cost on your personal property? ☐ Yes ☐ No

Coverage for water or sewer backup? ☐ Yes ☐ No

Earthquake or flood? ☐ Yes ☐ No

Special Riders for jewelry, furs, firearms, antiques, collectibles, fine arts, or other similar type of property? ☐ Yes ☐ No

If yes, describe: _____

Do you know how much liability coverage you currently carry? ☐ Yes ☐ No

If yes: _____

★★★★★★★★★★★★

Do you have a swimming pool? ☐ Yes ☐ No

If yes, ☐ Above ☐ Below ground

Is there a fence around your pool? ☐ Yes ☐ No

Are there any detached buildings or sheds on your property? ☐ Yes ☐ No

If yes, please describe: _____

Do you own any pets? ☐ Yes ☐ No

If yes, please describe: _____

Do you own a trampoline? ☐ Yes ☐ No

Do you own any ATV’S, snowmobiles, boats, golf cart, or similar vehicle? ☐ Yes ☐ No

If yes, please describe: _____

Do you own any other real estate, including a time-share condominium? ☐ Yes ☐ No

If yes, please describe: _____

Do you have items in storage? ☐ Yes ☐ No

Are any businesses operated at or from your home, either by you or your children? ☐ Yes ☐ No

If yes, explain: _____

If no, what is yours and your spouse’s occupations? _____

Do you rent out any part of your home or property to others for any purpose such as a business, Airbnb? ☐ Yes ☐ No

If yes, please describe: _____

Is there any marijuana growing operation in the home or on the property? ☐ Yes ☐ No

What is the name of your current insurance carrier? _____

Do you have a personal umbrella policy? ☐ Yes ☐ No

If yes we remind them to update that policy, if no would you like a quote? ☐ Yes ☐ No

Do you own any cars or trucks? ☐ Yes ☐ No

If yes, would you be interested in a quote for auto insurance? ☐ Yes ☐ No

How did you hear about our agency? ☐ Referral ☐ Phone Book ☐ Current Client ☐ Prior Client

☐ Advertisement ☐ Group Sale ☐ Internet ☐ Other _____

Have you had any homeowner claims in the last 3 years? ☐ Yes ☐ No

If yes, please provide dates and description of claims: _____

Most insurance companies require an insurance score as part of the quote process. Is that ok? ☐ Yes ☐ No

If yes, SS# _____

Have you or your spouse had a foreclosure, repossession or bankruptcy in the past 5 years? _____

Telephone number: _____

Email: _____

Do you need quotes for:

Umbrella ☐ Yes ☐ No

Life ☐ Yes ☐ No

Business Insurance ☐ Yes ☐ No

Rec Veh ☐ Yes ☐ No

Health ☐ Yes ☐ No

DF ☐ Yes ☐ No

Disability ☐ Yes ☐ No

NOTE: BLOCKED QUESTIONS ARE FOR HO-4