

HOMEOWNER QUOTE FORM

Date: Referral: Name: Phone: Address: Email: County: DOB: Occupation: Mailing address if different: Married: Y or N

RATING INFO

Circle: Primary/Secondary/ Seasonal Owner /months Rented/months New Purchase: Y or N Date: Property in Trust: Y or N Year Built: Year Purchased: Sq Ft under A/C Construction type: Masonry/ Frame Structure type: Dwelling/Condo #Stories Floor #Units Built on slab: Y or N Roof Type/Shape: Roof Year: Monitored Fire Alarm: N / local/central Monitored by: Sprinklers: N / Full / Partial Monitored Burglar Alarm: N / local/central Secured Community: N /limited access/ full gated security/patrols

PRIOR INSURANCE

Insurance Co: Renewal/Non-Renewal Date: Premium: Rate increase: Insured Billed or Mortgage Billed? (circle) A: DWELLING B: OTHER STRUCTURES C: PERSONAL PROPERTY: RC: Y or N D: LOSS OF USE: E: LIABILITY: F: MEDICAL: HURRICANE DED: Have you had any claims (type, date & \$ paid out)/ bankruptcies/foreclosures/or convicted of arson/fraud?

Heating System: Gas/Electric Fire Place/Woodstove: Y or N Fire Extinguishers: Y or N Smoke Detectors: Y or N Dead Bolt Locks: Y or N 1000ft of fire hydrant: Y or N 5 miles of fire Dept: Y or N Pool: Y or N Cage: Y or N Fence at least 4 ft: Y or N Diving Board: Y or N Slide: Y or N Trampoline: Y or N Home Updates: Wiring: N /Full /Part Plumbing: N/Full /Part Heat/AC: N/Full /Part Roofing: N /Full / Partial Exterior Paint: N /Full / Partial Who is MFG of your Electrical Panel? Animals: N / Dog / Horse How many: Breed of dogs: Bed/ Bath: Kitchen/Bath Quality: Garage/ Carport: 1/2/3/4 Attached: Y or N Detached structures: Hot Tub: Y or N Sliding glass doors #: French Doors#: Porch/Deck/Lanai: Wall Finish: Floor Finish %: Cpt: Tile: Wood: Laminate: Interior Central Vac: Y or N Do you have or are you required to have flood insurance: Y or N Policy info

Wind Mitigation Inspection Completed: Y or N Who insures your vehicles: FBC: Y or N NOTES: Roof Deck Attach: Roof Wall Attach: SWR: Y or N Opening Protection: Shutters: