



HOME QUOTE

Fax to 405.521.1610

REQUIRED INFORMATION

Name: _____ Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

You - SSN: _____ DOB: ___/___/___ Occupation: _____

Spouse - SSN: _____ DOB: ___/___/___ Occupation: _____

HOME INFORMATION

Current Homeowners Carrier: _____ Cancel/Expire Date: ___/___/___ Current Premium: _____

Losses: Type: _____ Date: ___/___/___ Amt Paid: _____

Type: _____ Date: ___/___/___ Amt Paid: _____

Currently Occupied Yes No If no, when, why and how long? _____ Year Built: _____

Updates: Wire Partial Full Year Updated: _____ Plumbing Partial Full Year Updated: _____

Construction Type: Brick Frame Stone EFIS Stucco Square Footage: _____

Roof Age: Composition: _____ Wood: _____ Other: _____ Hail-Resistant Roof Class 3 or 4 _____

Basement: Yes No # Acres: _____ Mortgage? Yes No Heat Type: Gas Electric Age: _____ # Fireplace(s): _____

Garage: # Cars: _____ Attached Detached Extras: Trampoline Pool Fenced Dogs - Breed: _____

Boats Motorcycles Trailers ATV's

Baths: Full: _____ Half: _____ Miles to Fire Station: _____ Distance to Fire Hydrant: _____

Credits: Central Fire Alarm Water Leak Protection Water Leak Alarm Central Burglar Alarm Gated Community

Guarded Community (24 Hours) Full Time Caretaker Signal Continuity Water Flow Alarm Backup Generator

Gas Leakage Detector Seismic Shut Off Residential Sprinkler System Primary Home Yes No

Coverages: Dwelling: _____ Liability: _____ Contents: _____

Deductible: \$1k \$2.5k \$5k \$7.5k \$10k Wind/Hail Deductible: 1% 2% 5%

Schedules: Jewelry: _____ Fine Arts: _____ Fire Arms: _____ Other: _____

Umbrella: 1M 2M 3M 5M 10M Excess Uninsured Motorist Coverage? 1M 2M

Earthquake Coverage: Yes No Flood Coverage: Yes No MED PAY _____

