



Homeowners Quote

Date: _____

Referred by: _____

GENERAL INFORMATION

Insured Name (1): _____ DOB: _____ SSN: _____

Insured Name (2): _____ DOB: _____ SSN: _____

Occupation: (1) _____ (2) _____ Level of Education: (1) _____ (2) _____

Address: _____ Township/City: _____ County: _____ Zip: _____

Prior Address: _____

Email: _____ Phone: _____ Cell: _____

Current Coverage: Y N # Yrs: _____ Exp. Date: _____ Current Rate: _____ Insurance Company: _____

UNDERWRITING

ANY CLAIMS OR LOSSES IN THE LAST 5 YEARS? Y N (IF YES, LIST DATES AND AMOUNTS PAID) _____

Do You...Own or Operate a business or a farm at your home: If so, describe: _____

Do You Have...(Select All that apply): _____

SWIMMING POOL: (IN-GROUND ABOVE GROUND) HOT TUB POND/LAKE TRAMPOLINE

PETS: IF DOG(S) BREED: _____ BITE HISTORY: Y N HORSES, MULES, PONIES EXOTIC ANIMALS: _____

ALARM SYSTEM: BURGLAR CENTRAL SPRINKLERS OTHER _____ DEADBOLTS: ALL EXTERIOR DOORS Y N FIRE EXTINGUISHERS

SUPPLEMENTAL HEATING UNITS (CHECK ALL THAT APPLY) WOOD STOVE COAL STOVE KEROSENE HEATER MULTI-FUEL FURNACE OTHER _____

Are you a : AAAMember: Y N if so, since when _____ AAA # _____ AARP member: Y N AARP # _____

HOME: (Select All that apply)

INSIDE CITY LIMITS: Y N DISTANCE TO FIRE DEPT: _____ RESPONDING FIRE DEPT: _____ YR BUILT: _____

CONSTRUCTION TYPE: FRAME BRICK OTHER _____ YEARS AT ADDRESS: _____ DETACHED STRUCTURES: _____

PLUMBING UPDATED: Y N YEAR _____ TYPE: COPPER PLASTIC GALVANIZED

ELECTRIC UPDATED: Y N YEAR _____ TYPE: CIRCUIT BREAKERS FUSES ROMEX KNOB & TUBE

ROOF UPDATED: Y N YEAR _____ TYPE: ASPHALT SHINGLE SLATE METAL OTHER _____

HEATING UPDATED: Y N YEAR _____ TYPE: NATURAL GAS ELECTRIC FUEL OIL LIQUID PROPANE

Do You Own: GOLF CART SNOWMOBILE 3/4 WHEELERS CAMPER/RV BOAT/JET SKI SCOOTER OTHER MOTORIZED VEHICLE

2ND RESIDENCES/VACANT LAND FARM LAND

CURRENT COVERAGE (\$)

JEWELRY _____ CAMERA/VIDEO _____ ID THEFT _____ COLLECTIONS _____ ANTIQUES _____

MOLD/FUNGUS: (LIABILITY _____ PROPERTY _____) FINE ARTS _____ GUNS _____ ORDINANCE OR LAW _____

BACKUP OF S & D _____ WIND/HAIL DEDUCTIBLE _____ POLICY DEDUCTIBLE _____

DWELLING _____ OTHER STRUCTURES _____ PERSONAL PROPERTY _____

LOSS OF USE _____ PERSONAL LIABILITY _____ MEDICAL PAYMENTS _____

DO YOU WANT...

COVERAGE FOR: EARTHQUAKE: Y N

MOLD COVERAGE: Y N

FLOOD: Y N

PREMIUM BILLED TO INSURED OR MORTGAGEE: BTI MTGEE MORTGAGE HOLDER: _____