

Homeowners/Renters Quote Sheet

Name: _____ DOB: ___/___/___ SS#: _____

2nd Name Insured: _____ DOB: ___/___/___ SS#: _____

Location Address: _____ City: _____ State: _____ Zip: _____ Year Built: _____

Purchase Price: _____ Months at Current Address: _____ Prior Address if less than 3 Years: _____

Mailing Address: (If different than above) _____ City: _____ State: _____ Zip: _____

Phone Numbers Home # _____ Work # _____ Cell # _____

Email Address: _____

Current Insurance: Carrier: _____ Annual Premium: \$ _____ Policy #: _____

Expiration Date: ___/___/___ Years With Prior Carrier: _____ Years With Continuous Coverage _____

Policy Type: H03 H04 H06 DP2 DP3 MH(mobile home) Vacant Landlord (Please circle one)

*If MH: Make: _____ Model: _____ Serial #'s: _____

Foundation type: _____ Crawl space or On ground strapped down: yes no (please circle one)

Construction Type: _____ Protection Class: Well Water/City Water (Please circle one)

Exterior Type: _____ Heating System: _____ Fireplace, Woodstove or Pellet Stove (Please circle one)

Wiring: _____ Heating: _____ Plumbing: _____ Roof: _____

Details & Date of Updates done to any home systems, or roof: _____

Owner or Tenant Occupied (Please circle one) Total Family Members _____ If Apt or Condo how many units: _____

Of Stories _____ Single Family Home or Townhouse (Please circle one) Years at current Residence: _____

Miles to Fire Department: _____ Feet to Fire Hydrant: _____

Do you have a mortgage?	Yes	No		Dwelling Value: _____
Do you have a dog(s)?	Yes	No	Breeds?	Personal Property: _____
Do you have other pets?	Yes	No	What kind?	Personal Liability: _____
Do you have a trampoline?	Yes	No	Is the yard fenced? Yes/No	Other Structures: _____
Do you have a swimming pool?	Yes	No	Is the yard fenced? Yes/No	Loss of Use: _____
Do you smoke in the household?	Yes	No		Medical Payments: _____
Do you have Burglar Alarms?	Yes	No		Deductible: _____
Do you have Fire Alarms?	Yes	No		Coverage: 6 Month <input type="checkbox"/> 12 Month <input type="checkbox"/>
Do you have Smoke Detectors?	Yes	No		

Additional Information:

Have you ever had your Homeowners Insurance Cancelled within the last 3 years if so why?

Have you had any Homeowners Losses reported to the company in the past 3 years even if no payout, if so why:



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Other Structures on the Property to be Insured: (Unattached Garages, Carports, Sheds, Barns, Decks, Gazebos, ect.)

Structure 1: (Description, Building Material, Square Footage) _____

Structure 2: (Description, Building Material, Square Footage) _____

Structure 3: (Description, Building Material, Square Footage) _____

Structure 4: (Description, Building Material, Square Footage) _____

Do You Have a Mortgage on your home? Yes or No (circle one)

Lien Holder Information:

Name: (Person or Company) _____

Address: _____

Loan #: _____

In connection with this application for insurance, we may review your credit report or obtain or use a credit based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score

I Acknowledge and Accept

In connection with this application for insurance, we may review your claims history or loss experience and may report claims made by you to a claim’s history provider

I Acknowledge and Accept