

Homeowner Quote Sheet

Fax to 972-772-3218

Email: jnrowe@att.net

Date: Effective Date:

Name:

Address: City/County Zip

City Limits : In / Out Fire Dept:

DOB: SS#

Yr Built: Value: Sq Ft: Found: P& B / Slab

Stories: Type: Brick / Frame / Stucco # Baths :

Garage: Attached / Detached # Cars:

Fireplace Y / N # Pool Y/N Fenced Y / N Age of Roof: Type:

Security System Y / N Monitored: Y / N

Current Carrier: Coverages / Deductibles

Claims last 3yrs? Y/N (If Yes List Date, Amount, Type of Loss)

Mortgage Co.: Loan #

Address:

Previous Address if Less Than 3 Years at Current Address:

Current Auto Ins. Carrier: Auto / Home Discount Y / N

Misc. Info / Special Requests: