



benefitsbroker

HOME QUOTE SHEET

NAME INSURED:

DOB:

SSN (OPTIONAL):

SPOUSE NAME:

DOB:

PHONE:

LOCATION ADDRESS:

CITY/ST/ZIP:

HOME INFO:

Year's Owned:

YR BUILT: _____

OF STORIES: _____

SQUARE FEET:

FOUNDATION: SLAB / CRAWL SPACE/ BASEMENT /WALKOUT BASEMENT / RAISED

ROOF TYPE:

YR REPLACED:

EXTERIOR: FRAME / BRICK/ STUCCO/ MASONRY VENEER/OTHER

BATHS: FULL _____ ½ _____ ¾ _____

ALARMS: CENTRAL /LOCAL / NONE

GARAGE: ATTACHED 1 2 3 /DETACHED 1 2 3

PETS: Y or N

SWIMMING POOLS: Y or N

DESIRED COVERAGES:

COV A:

COV B:

COV C:

COV D:

DESIRED DEDUCTIBLE:

IS THERE A MORTGAGE ON PROPERTY?

EFFECTIVE DATE FOR THIS POLICY:

FIRE PLACE: Y or N

HVAC TYPE:

FIRE HYDRANT DISTANCE FROM HOUSE:

OTHER: (Valuable paintings, jewelry, artwork, fire arms etc.)