

Schoppe Insurance Agency

New Business Homeowners Quote

Date: _____

Name of Insured: _____ Phone #: _____

Social # _____ DOB _____ Social # _____ DOB _____

How were you referred: _____ Prior Insurance Co: _____

Mailing Address: _____

If new purchase, Previous Address: _____

Claims in last 5 years _____

Property Address: _____ Inside City Limits: Y / N

Year Built _____ Construction: _____ Foundation: _____

Roof Year _____ Roof Type _____ Sq. Ft: _____ # Baths _____

Updates (Roof/ Electrical/Plumbing/AC)? _____

Garage: None / Attached / Detached 1 2 3

Any Existing Damage to home: _____

Dwelling Coverage: _____ Replacement Coverage? Y / N

Contents: _____

Liability _____

Deductible: _____