



1100 York Road
 Warminster, PA 18974
 Phone: 215-293-9188 Fax: 215-293-9189
 E-mail: Robertsmith@smithinsurancebrokers.com

Date of Application: _____

Requested Effective Date: _____

HOMEOWNERS QUOTE INFORMATION

Thank you for submitting your information for your no obligation coverage review and quote. Please fill in the applicable information below:

Applicant Name _____ E-Mail: _____ Phone #: _____

Co-Applicant Name (if applicable): _____

Address (Address to be Insured): _____

Prior Address (if you have moved within the last 6 months) _____

Mailing Address (if different from above): _____

of Members in Household: _____ Move In Date (if applicable): _____ Occupancy (circle one): Owner Occupied/Rental/Rehab/Under Construction

Settlement Date: _____

Buyer/Co-Buyer Information (if Applicable):

Buyer Name: _____ D.O.B. _____ Occupation: _____

Co-Buyer Name: _____ D.O.B. _____ Occupation: _____

Mortgage Company Information (if Applicable):

Mortgage Contact Name: _____ Phone # _____ E-mail Address: _____ Fax # _____

Mortgagee Clause _____

Loan #: _____ Sale Price: \$ _____ Mortgage Amount: \$ _____

Home Information:

Year Built: _____ Style of Home: _____ # of Families (Circle One): Single/Duplex/Triplex/Quad # of Stories: _____

Construction (Circle One): Frame/Masonry Square Footage: _____ Roof Type: Flat (Rubber or Tar)/Pitched Shingle

If home is over 20 years old, estimated age of: Roof: _____ Heater: _____ Plumbing: _____ Electric: _____

Basement (Circle One): Finished/Unfinished % Finished: _____ # of Bedrooms: _____ # of Bathrooms: _____ Fireplace: Y or N Wood Burning/Gas

Pets: Y or N If Yes, Type: _____ Bite History: Y or N

Current Coverage and Carrier Info:

Insurance Carrier: _____ Expiration Date: _____ Years with Carrier: _____ Premium: \$ _____

Losses in Last 5 Years? _____ Detail: _____

Best Time to Contact and Method:

Morning Afternoon Evening Time: _____

Contact Phone Number: _____

Additional Comments: _____

***When submitting this information sheet, if you have your policy declarations available, please send them.**

SEND FORM VIA E-MAIL TO ROBERTSMITH@SMITHINSURANCEBROKERS.COM

OR FAX TO (215) 293-9189