

HOMEOWNER QUOTATION SHEET

Name: \_\_\_\_\_ County: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

Primary Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Spouse Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

HO3 HO4 HO6 Year Built \_\_\_\_\_ Type: Brick Frame  
 Dwelling Value: \$ \_\_\_\_\_ Woodburner: Yes No Personal Property (HO4/HO6): \$ \_\_\_\_\_

Primary or Seasonal Protection Class \_\_\_\_\_ Miles from Fire Dept \_\_\_\_\_

Year of Updates: Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_

**Coverages** Please circle or fill in desired amount

Liability	100	300	500		
Medical Payment	1000	2000	3000	5000	10,000
Deductible	100	250	500	1000	

**Scheduled Items**  
 Jewelry \_\_\_\_\_ Misc. \_\_\_\_\_

**Endorsement**  
 Water Sewer Backup \_\_\_\_\_ Umbrella Y or N Amount \_\_\_\_\_

Swimming Pool: Y & N Diving Board Y & N Slide Y & N Depth: \_\_\_\_\_

Trampoline: Y & N

**Claims Info:**

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**Boats**

Type: Row/Canoe Outboard Sail Inboard Inboard/Outboard Jet Ski  
 Year: \_\_\_\_\_ Length: \_\_\_\_\_ Horsepower: \_\_\_\_\_ Maximum Speed: \_\_\_\_\_

Value: Boat \$ \_\_\_\_\_ Motor \$ \_\_\_\_\_ Trailer \$ \_\_\_\_\_ Accessories \$ \_\_\_\_\_

Liability	100	300	500	Deductibles	50	100	250	500
Medical Payment	1000	2000	3000	5000				