

DWELLING FIRE QUOTE SHEET

Date: _____

Name: _____
(Name) (DOB) (SS#) (Single / Married)

Spouse : _____
(Name) (DOB) (SS#)

Phone# _____ Email: _____

Occupation: _____ Years at current occupation: _____

RESIDENCE: Primary / Secondary / Tenant Occupied Inside / Outside city limits

Physical Address of Dwelling: _____
(Street Address) (City, State, ZIP) (County)

Mailing Address if different: _____
(Mailing Address) (City, State, ZIP)

Distance to fire hydrant (feet): _____ Distance to fire station(miles): _____

of stories: _____ #of Bedrooms: _____ #of Baths: _____ Sq. Ft.: _____ # of families: _____ # of acres: _____

Slab or Pier & Beam Frame (siding) / Brick Veneer / Log **Garage / Carports:** 1car / 2car / 3car Attached or Detached

Purchase Price: _____ year built: _____ Purchase Date: _____ **Alarm System** (type) _____

Year updated: Wiring (if 20+ yrs): _____ Plumbing (if 20+ yrs): _____ Age/Type of roof: _____/_____

Older Homes: Fuses or Circuit Breakers Plaster or Sheetrock

Type of Heating/Air: _____ Wood Burning Stove or Fireplace: _____

Swimming pool: _____ (Diving Board __, Fenced __) Trampoline: _____ Business on premises: _____

Dogs: _____ Breed of Dog: _____

Current Insurance Carrier: _____ Exp. Date: _____ How long w/previous company: _____

If no current insurance, why is insured now requesting coverage: _____

Any existing damage to home: _____ CLAIMS last 3 years: _____

_____ (carrier) (amount paid) (repaired yes/no) (reason of loss)

Any bankruptcies in last 5 years: _____

Mortgagee _____ **Escrowed--Yes or No** Closing Date: _____

COVERAGES:

Dwelling Value \$ _____ Other Structures \$ _____

Personal Property \$ _____ Loss of Use Coverage \$ _____

Personal Liability \$ _____ Medical Payments \$ _____