

Homeowners Quote Sheet

Name: _____ Phone: (H) _____

(C) _____ (W) _____ Email Address _____

Address: _____ City: _____ St.: _____

Zip: _____ County: _____ Twp: _____

Family Member's Names: DOB: SS:

1. _____ Occupation _____

2. _____ Occupation _____

Property Address _____

Current Cov. A Limit or Purchase Price _____ **Dwelling Deductible** _____

Year Built _____ #Stories _____ Construction Type _____ Sq Ft _____

Year home updated: Plumbing _____ Wiring _____ Heat _____ Roof _____

Foundation Type: Slab ___ Crawl Space ___ Unfinished Basement ___ Finished Basement ___

Alarm System: Local Alarm ___ Central Station Alarm ___ Alarm Co. _____

Pool ___ Diving Board ___ Slide ___ Automatic Pool Cover ___ Fenced ___ Trampoline ___

Pets _____ Dog (Breed) _____

List any losses in the last 5 years

Date: _____ Description of loss: _____

Date: _____ Description of loss: _____

Current Insurance Carrier _____ **Premium** _____ **X-Date** _____

Please return by fax to 317-576-5062 or email to cthompson@hjspir.com