

Personal Lines Quote Sheet

Agency Information

Agency:	Phone:
Contact Person:	Email:

Insured Information

Insured:	Effective Date:		
Address:	City:	State:	Zip:
Phone:	DOB:		
Has the insured been charged with or convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Bankruptcy/Foreclosure/Repossession Within Past 3 Years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Losses in Past 5 Years

Date of Loss	Details of Loss	Amount Paid	Open/Closed

Premises

Form Requested: <input type="checkbox"/> Homeowners <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo <input type="checkbox"/> Builders Risk			
<input type="checkbox"/> Owner <input type="checkbox"/> Secondary (w/out rental) <input type="checkbox"/> Secondary (w/ rental) <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant		If Rental:	Weeks Rented (annually)
Address (if different):		City:	State: Zip:
Year Built:	Construction Type:	Protection Class:	Short term rental (ie AirBnb)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet:	# of Stories:	Is the home the first exposed to ocean, bay, or sound? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Plumbing Type:	Roof Type:	Wiring Type:	Heating Type:
Year Updated: Plumbing:	Roof:	Wiring:	Heating:
Is the home currently under renovation of any type? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: <input type="checkbox"/> Cosmetic <input type="checkbox"/> Structural	
Describe Renovations:			

Vacant Only

Term Desired: <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 12 Months
How long has location been vacant? Intended use of building:

Protective Devices

Central Fire & Burglar Alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gated Community? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Automatic Water Shut Off / Leak Detection <input type="checkbox"/> Yes <input type="checkbox"/> No

Exposures: Check All That Apply

Lapse>12 months Business on Premises Arson or Fraud Farming/Ranching / Hunting Home Day Care Asbestos / EIFS
 Woodstove / Kerosene Heater Aluminum / Knob&Tube Cabinet Making / Auto Repair / Chemical Processor

Coverages

Dwelling:	Other Structures:	Personal Property:
Loss of Use/Rent:	Liability:	Med Pay:
Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	Water Backup: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000	Extended Repl. Cost?
ID Theft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Breakdown? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ordinance of Law? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Information for Underwriting