

Standard Lines - Homeowners/Dwelling Fire Quote Request Form

Effective Date:		Date home purchased:		Target Premium:		
Name Insured:			Occupation::			
Date of Birth:			SS#:			
Name of Spouse:			Occupation:			
Date of Birth:			SS#:			
Mailing Address:						
City:		State:		Zip:		
Location Address:						
City:		State:		Zip:		
County:		Current Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Insured Phone:			Email:			
Current Carrier Name:			Months in force:		Expiration Date::	
Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Primary <input type="checkbox"/> Secondary			Inside City Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Construction: <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Frame <input type="checkbox"/> Stucco <input type="checkbox"/> Other						
Protection Class:		# of Families:	Year Built:	# of Stories:	Square Footage:	Foundation:
Roof Type: <input type="checkbox"/> Comp Shingle <input type="checkbox"/> Wood <input type="checkbox"/> Tile <input type="checkbox"/> Metal <input type="checkbox"/> Tar & Gravel			Roof Shape: <input type="checkbox"/> Hip <input type="checkbox"/> Gable <input type="checkbox"/> Flat		# of Layers:	
Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No		# of Cars:	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Built In		# of Baths:	
Currently under construction/renovation: <input type="checkbox"/> Yes <input type="checkbox"/> No			Property for Sale: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Plumbing: <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized			Heating: <input type="checkbox"/> Gas <input type="checkbox"/> Electric			
Wood Stove: <input type="checkbox"/> Yes <input type="checkbox"/> No		Wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Knob & Tube		Electrical System: <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuse		
Smoke Alarms: <input type="checkbox"/> Yes <input type="checkbox"/> No		Central Monitored Burglar Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No		Central Monitored Fire Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler System: <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Property Vacant: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No		Fence (at least 4 ft high w/self locking gate) <input type="checkbox"/> Yes <input type="checkbox"/> No		Diving board/slide: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Trampoline:: <input type="checkbox"/> Yes <input type="checkbox"/> No		Fence (at least 4 ft high w/self locking gate) <input type="checkbox"/> Yes <input type="checkbox"/> No		Convicted of Arson: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Historical Home: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pending Foreclosure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type/Breed:		
Flood Zone:		If A or V does the insured have a flood policy: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Any Full-Time Residence Employees: <input type="checkbox"/> Yes <input type="checkbox"/> No			Any lapse in coverage in the past year: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If home is older than 15 years, provide year of updates (required):			Wiring:	Plumbing:	Heating:	Roof:
Distance To:	Fire Hydrant:	Fire Station:	If Tier 1, Distance to Gulf:			
Mortgage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Name/Address:				
Coverage Information						
<input type="checkbox"/> HOB <input type="checkbox"/> HOB-T <input type="checkbox"/> HOB-Con <input type="checkbox"/> TDP-3			Dwelling:		Contents:	
Oth Struc:	Liability:	Med Pay:	Deductible:	Wind/Hail Ded:	<input type="checkbox"/> Wind Excluded	
<input type="checkbox"/> Replacement Cost Personal Property <input type="checkbox"/> Personal Injury <input type="checkbox"/> Identity Fraud <input type="checkbox"/> Sewer Backup <input type="checkbox"/> Ordinance of Law <input type="checkbox"/> Foundation <input type="checkbox"/> Water Damage <input type="checkbox"/> Loss Assessment						
Liability Limit: <input type="checkbox"/> 100 <input type="checkbox"/> 300 <input type="checkbox"/> 500						
Additional Residence Occupied by insured: Address:						
Additional Residence Rented to Others: Address:						

Blanket Personal Property: Type/Amount \$		Scheduled Per Prop: Item/Amount \$	
Claims in the past 5 years: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			
Agency:		Agency Code:	
Contact:		Phone:	
Email:		Email:	
Producer's Signature:		Producer's Name (Please Print):	
Applicant's Signature:		Date:	