

# Property Quote

(Use for ALL property exposures, Replacement Cost Worksheet required for Home and Dwelling Fire policies)

Agency Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Requested Eff. Date \_\_\_\_\_

**Credit Disclosure: CO Only:** All our companies use consumer reports for rating purposes. That means they use a combination of tickets and accidents along with your credit score, which they convert into an insurance score. This is considered a "soft" hit on your credit and does not affect your credit score. Do I have your permission to pull these reports?

Name \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If no, cannot proceed.

## Contact Information

Name: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long \_\_\_\_\_ (< 3yrs. need prior address)

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Prior Insurance Information

Current Carrier \_\_\_\_\_

Exp. Date \_\_\_\_\_

How long with Current Carrier \_\_\_\_\_

Years with continuous insurance \_\_\_\_\_

Has property insurance been cancelled, declined or non-renews in last 5 years? ☐ Yes ☐ No

If yes, details \_\_\_\_\_

Claims in the last 5 years ☐ Yes ☐ No

Details & dates \_\_\_\_\_

## Household Information

	1 <sup>st</sup> Named Insured	2nd Named Insured	3rd Named Insured
First Name			
Middle Initial			
Last Name			
Married Single			
DOB			
SSN (N/A in CA)			
Occupation			
Highest Education			

Mortgage, Realtor, Lender Info.

## Property Information

*Items with an \* are the only items required to quote a Renter's policy (HO-4)*

*Property Address			
Purchase Date <i>If new, get realtor &amp; lender info.</i>		# of people in HH	
Yr. Built		Vacant <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Exterior Construction (ex. vinyl, wood, stucco, brick)			
Under Construction <input type="checkbox"/> Yes <input type="checkbox"/> No		Start Date: Completion Date	
*Type: Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/>		Condo <input type="checkbox"/> Apt. <input type="checkbox"/> # of units:	
Usage: Primary <input type="checkbox"/> Secondary <input type="checkbox"/>		Seasonal <input type="checkbox"/> Rental (DW/Fire) <input type="checkbox"/>	
If Rental property, are all units occupied <input type="checkbox"/> Yes <input type="checkbox"/> No			
HOA <input type="checkbox"/> Yes <input type="checkbox"/> No		Seen by 2 Neighbors <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pool/Hot Tub <input type="checkbox"/> Yes <input type="checkbox"/> No Fenced <input type="checkbox"/> Yes <input type="checkbox"/> No		Inground <input type="checkbox"/> Above Ground <input type="checkbox"/>	
Diving Board <input type="checkbox"/> Yes <input type="checkbox"/> No		Depth under Board	
Slide <input type="checkbox"/> Yes <input type="checkbox"/> No		Trampoline <input type="checkbox"/> Yes <input type="checkbox"/> No Safety Net <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Underwriting and Discounts

Inside City Limits		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Distance to Hydrant Feet:	Dist. to Station Miles:		
Fire District	Protection Class		
Land: Acres/Sq. Feet			
Distance to Brush	Miles:		
50ft Defensible space around house <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Smoke Detector <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Dead Bolts <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Fire Extinguisher <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Partial			
*Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No			
Alarm Type <input type="checkbox"/> Local <input type="checkbox"/> Central			

*Smart Connected Home Details:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing Updates	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	Year:
Heat/Furnace Updates	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	Year:
Wiring Updates	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	Year:
Roof Updates	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	Year:
Wood Stove	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fireplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No	WB or Gas
*Animals on Premises <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Number and Type			
*Bite History <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Number of units between fire walls	
CALIFORNIA ONLY	
Hurricane Res Glass	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hurricane Res Storm Shutters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seismic Gas Valve	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distance to Tidal Miles: Water	
Cripple Walls Braced	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secured Foundation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Heater Secured	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Coverage/Endorsements

Dwelling Amount	\$
(Replacement cost included)	
Current/Appraised Value	\$
Dwelling Extended Replacement Cost	<input type="checkbox"/> 125% <input type="checkbox"/> 150%
Other Structures	\$
(default is 10% of dwelling)	
*Contents	\$
(default is 70% of dwelling)	
*Med Pay	\$
*Liability	\$
*Personal Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Deductible	\$

*Water Backup Limit	<input type="checkbox"/> Yes <input type="checkbox"/> No
*ID Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No
Increased Ordinance/Law	<input type="checkbox"/> Yes <input type="checkbox"/> No
Increased Loss Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limit	\$
Scheduled Items:	
Jewelry	Furs
\$	\$
Silver	Art
\$	\$
Guns	Misc.
\$	\$
Flood	<input type="checkbox"/> Yes <input type="checkbox"/> No

Earthquake Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No
EQ Masonry Veneer	<input type="checkbox"/> Yes <input type="checkbox"/> No
EQ Ord/Law	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business on Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	
Recreational Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type:	
Umbrella Limit	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$	

Remarks: