



HOME PROPOSAL INFO FORM

The information provided on this form will be used solely for quoting a premium. This agency does not share client information with anyone outside of this office. In order to issue a quote, we must meet certain company underwriting guidelines and order mandatory reports. The CLUE and SCORE reports are ordered by using your social security number and other personal identification. Your signature on this form validates the ordering of the required reports. If we are unable to place your coverage due to the information provided by the reports, additional information will be provided so you may obtain a copy of the report.

Date: _____ Closing/Effective Date: _____
Name: _____ Email Address _____
Daytime #: _____ Home #: _____ Referred By: _____
Address: _____ City: _____ State: _____ Zip: _____
County: _____ Inside/Outside City Limits: _____ Homeowners Association: _____
Prior Address (if new purchase): _____

Residents Names	DOB	Married/Single	Social Security #

Occupation: _____ Spouse Occupation: _____
Current Insurance Carrier: _____ Policy #: _____ Deductible: _____
Home Insurance Limit: _____ # of Years Owned: _____ Yr. Built: _____
Stories: ____ Exterior Construction type: _____ Foundation Pier & Beam or Slab Total Sq. Ft.: _____
Central Heat/Air: Yes No # Full Baths: ____ # 1/2 Baths: ____ # Fireplace: ____ Swimming Pool: Yes No
Garage Type: Attached Detached Carport # Cars: ____ Porches (Open/Closed): ____ sq. ft Decks: ____ sq. ft
Additional features: Cabinet Surfaces _____ Floor Type: % Carpet ____ % Wood ____ % Tile ____
Crown Molding: Yes No Kitchen built-ins: Yes No In-Home Business: Yes No
Any animals? Yes No Breed _____ Any incidents? Yes No Trampoline on premises? Yes No
Name of Servicing Fire Station: _____ Miles to Fire Dept _____ Feet to Hydrant _____
Age/type of Roof (replaced or repaired): _____ Any portion of roof flat? Yes No
Age/type of heating (gas or electric): _____ Age/type of wiring (replaced or repaired): _____
Age/type of plumbing (replaced or repaired): _____
Security Alarm: Burglar Fire Smoke Centrally Monitored? Yes No Monitoring Company: _____
DO YOU REQUIRE ADDITIONAL PREMISES LIABILITY (any other owned/rented residences)? Yes No (Describe below)

- _____
- _____

CLAIMS HISTORY (PRIOR THREE YEARS): (ANY WATER DAMAGE OR LIABILITY LOSSES?)				
Date of Loss	Description	Company	Amt Paid	Remarks
			\$	
			\$	

Current Mortgage Company: _____ Loan #: _____
Add Other Endorsements or Valuables/Jewelry/Fine Arts to schedule?: _____
Flood Coverage is not included. Quote Flood? Yes No
SIGNATURE: _____ DATE: _____