

# HOMEOWNER'S QUOTE FORM

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Stated (market) value of home: \_\_\_\_\_ Replacement value of home: \_\_\_\_\_

Other structures on property?( please describe briefly):  
\_\_\_\_\_  
\_\_\_\_\_

Liability limits desired: \_\_\_\_\_(ie 100,000-300,000-500,000-1 million)

Medical payments: \_\_\_\_\_(ie. 1,000-5,000)

Deductible Requested: \_\_\_\_\_(ie. 250-500-1,000)

Mortgage: \_\_\_\_\_ address: \_\_\_\_\_

Do you have a escrow account that pays your annual premium? (Y/N) \_\_\_\_\_

If manufactured home: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Type of foundation: ( ie concrete, block, tye-downs) \_\_\_\_\_

Any porches, decks or patios?(dimensions & description)  
\_\_\_\_\_  
\_\_\_\_\_

Attached garage?:Y/N \_\_\_\_\_ Number of Cars: \_\_\_\_\_

Number of full bathrooms: \_\_\_\_\_ Number of \_ bathrooms: \_\_\_\_\_

Number of stories above ground: \_\_\_\_\_ Basement?Y/N \_\_\_\_\_ Finished?Y/N \_\_\_\_\_

Exterior siding: \_\_\_\_\_(wood, vinal, etc)

Physical measurements: (ie square footage or length & width) \_\_\_\_\_

Age of dwelling: \_\_\_\_\_(year of const.) Type: \_\_\_\_\_(frame,masonry,etc)

Type of roof: \_\_\_\_\_(tile,asphalt shingle,wood shake) Age: \_\_\_\_\_

Type of heat: \_\_\_\_\_(gas, electric) Air Cond. Type: \_\_\_\_\_(wall unit,heat ducts)

Do you have supplemental heat?: \_\_\_\_\_(woodstove,fireplace)

Do you have fuses/knob & tube or does the home us only circuit breakers. Y/N: \_\_\_\_\_

Responding fire department: \_\_\_\_\_ Miles to fire dept.: \_\_\_\_\_

Any pets? (describe) \_\_\_\_\_

Swimming pool? Y/N \_\_\_\_\_ Trampoline? Y/N \_\_\_\_\_

In home business? Y/N \_\_\_\_\_ Do you own a cabin/condo?Y/N \_\_\_\_\_

Is the location farm, residential, or mixed commercial? Y/N: \_\_\_\_\_

Any tractors?Y/N \_\_\_\_\_ Any farm animals?Y/N \_\_\_\_\_ Acerage?Y/N \_\_\_\_\_

(If Yes to any of the three above, please describe below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any recreational vehicles? (ie jetskis, boats, four-wheelers) Y/N \_\_\_\_\_  
(If liability or physical damage coverage is requested, please indicate)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ #of CC's \_\_\_\_\_ Value: \_\_\_\_\_

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Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ #of CC's \_\_\_\_\_ Value: \_\_\_\_\_

If boat, is it outboard or outboard/inboard? \_\_\_\_\_

Boats (list value): Hull: \_\_\_\_\_ Motor: \_\_\_\_\_ Trailer: \_\_\_\_\_

Hull Manufacturer: \_\_\_\_\_ Motor Make: \_\_\_\_\_ Trailer: \_\_\_\_\_

Boat length: \_\_\_\_\_ Top speed: \_\_\_\_\_

### INSURED INFORMATION:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other members of the household:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Years at present occupation: \_\_\_\_\_ Insured: \_\_\_\_\_ Spouse: \_\_\_\_\_

Years in current home: \_\_\_\_\_ Current Insurance Carrier: \_\_\_\_\_

How long with current carrier? \_\_\_\_\_

Prior Insurance Claims?: Y/N \_\_\_\_\_

(If yes, provide details, dates, loss amounts)

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### INSURED'S STATEMENT:

By completing this form the applicant hereby authorizes and grants permission to Three Rivers Agency, Inc, it's agents or affiliates to make inquiry of the applicant's previous insurance carriers and to obtain a credit report. Applicant understands and agrees that information obtained from these sources may be utilized in determination of applicant's eligibility for acceptance. Applicant declares all statements herein are true and correct to the best of his/her knowledge.

Please type in legal name: \_\_\_\_\_

REMARKS: (Please add any details or information that may be usefull)

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