



HOME PROPOSAL INFO FORM

(Revised 5/28/08)

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 mailed at the address provided so you may obtain a copy of the report.

Date: _____ Closing Date: _____
 Name: _____ Email Address: _____
 Daytime #: _____ Home #: _____ Referred By: _____
 Address: _____ City: _____ State: _____ Zip: _____ County: _____
 Inside/Outside City: _____ Community: _____ Prior Address (if new purchase), include City, State Zip: _____

Residents Names	DOB	Married/Single	Social Security #

Occupation: _____ Spouse Occupation: _____
 Eff. Date: _____ Amount of Insurance: _____ Deductible: _____
 Current Carrier: _____ Policy #: _____ # of Years Owned: _____
 Yr. Built: _____ # Stories: _____ Constr: _____ Pier & Beam or Slab _____ Total Sq. Ft.: _____
 Central Heat/Air: No # Full Baths: _____ 1/2 Baths: _____ Fireplace: _____ Swimming Pool: _____ Smoke Detectors: _____
 Garage: -Select One- # Cars: _____ Porches: Open/Closed _____ sq ft; Decks _____ sq ft;
 Addl features: Cabinet Surfaces _____ Floor Type: % Carpet _____ %Wood _____ %Tile _____
 Crown Moulding _____ Kitchen built-ins _____ Personal Computer Coverage: _____ In-Home Business: _____
 Flood: _____ Security Alarm: Burglar Fire Smoke Centrally Monitored?: _____ Company: _____
 Any animals? _____ Breed _____ Trampoline on premises? No
 Name of Servicing Fire Station: _____ Miles _____ Feet to Hydrant _____
 Age/type of Roof (replaced or repaired): _____ Any portion of roof flat? No Age/type of heating (gase or electric): _____
 Age/type of wiring (replaced or repaired): _____ Age/type of plumbing (replaced or repaired): _____
ADDITIONAL PREMISES LIABILITY (any other owned/rented residences):

1. _____
2. _____

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

IF HAIL DAMAGE TO ROOF, WAS ROOF REPAIRED OR REPLACED? When _____
 Current Mortgage Company: _____ Loan #: _____
 Other Endorsements: _____
SIGNATURE: _____ **DATE:** _____