

Name: \_\_\_\_\_ **Home Insurance Quote Sheet** Spouse Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_ Social Security: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education Level: \_\_\_\_\_ Education Level: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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

Street Address (if different then mailing): \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_ County: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Previous Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Based Business: Y N If yes, describe: \_\_\_\_\_

**New Property Information/Current Property Information**

Address of Property Purchased: \_\_\_\_\_

Closing Date: \_\_\_\_\_ Name of Mortgage Broker: \_\_\_\_\_

Sale Price: \$ \_\_\_\_\_ Name of Realtor: \_\_\_\_\_ Real Estate Company: \_\_\_\_\_

Occupied by: Owner Tennent Vacant Inside City Limits: Y N Square Footage: \_\_\_\_\_

Year Built: \_\_\_\_\_ Type of Roof: Shingles Clay/Concrete Tiles Metal Slate Wood Shingles Synthetic

Year Roof Built: \_\_\_\_\_ Construction: Wood Mortar/Cement Metal Brick Concrete Clay

Foundation: Basement Crawlspace Pier & Beam Slab Stories: \_\_\_\_\_ Burglar Alarm: Y N Replacement Cost: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Responding Fire Department: \_\_\_\_\_

How far is the station from home: \_\_\_\_\_ miles Fire Hydrant within: 500ft: \_\_\_\_\_ 1000ft: \_\_\_\_\_ How Many Bathrooms: \_\_\_\_\_

Years of updates (if any): Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heat/AC: \_\_\_\_\_ Water Heater: \_\_\_\_\_

Heat: Electric OR Gas Woodburning Fire Place: Y N Dead Bolt Locks: Y N Smoke Alarms: Y N Sky Lights Y N

Attached Garage: Y N Carport: Y N How many vehicle garage: \_\_\_\_\_

Pool: Y N Water Slide: Y N Fenced Pool: Y N Diving Board: Y N Trampoline: Y N Backyard Fenced: Y N

Dog: Y N Breed or Mix: \_\_\_\_\_ Dog Bite History: Y N If yes, how many & describe: \_\_\_\_\_

Mortgage Company and Loan #: \_\_\_\_\_ Insurance Escrowed Y N

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Phone: (806) 785-0840

Completed By: \_\_\_\_\_

Fax: (806) 785-2370

Date: \_\_\_\_\_

Email: dansbyinsurance@gmail.com