

SIG/Dansby & Associates

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Home Insurance Quote Sheet

Name: _____ Spouse: _____
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: _____ Mobile Home: Y N

Previous Address: _____

Previous Carrier: _____ Policy # (If know): _____ Expiration Date: _____

Home based business: Y N If Yes, describe _____

Inside the City Limits: Y N

Square footage: _____

Year Built: _____

Type of Roof: _____

How old is the Roof: _____

Construction: Brick/Masonry Frame/Brick Veneer

Foundation: Slab Crawl Pier & Beam

Stories: _____

Fire Hydrant within 500ft: _____ 1000ft: _____

Burglar Alarm: Y N

Monitored by whom: _____

Responding Fire Department: _____

How far is the station from home: _____ miles

Replacement Cost (value): \$ _____

How many bathrooms: _____

Year of updates (if applicable)

Wiring: _____

Plumbing: _____

Heat/AC: _____

Heat: Electric Gas

Wood burning Fireplace: Y N

Dead Bolt Locks: Y N

Smoke Alarms: Y N

Fire Extinguishers: Y N

Attached Garage: Y N

Made to house how many vehicles: _____

Carpport: Y N

Pool: Y N Fenced: Y N Diving Board: Y N

Trampoline: Y N

Dog: Y N

Breed or Type of Mix: _____ ("Mutt" not accepted)

Mortgage info: name, address, and loan # (If applicable)

Notes:

Would you like a quote for another type of Insurance?

Please sign to authorize SIG/Dansby & Associates to run quote with your insurance score and claims history in order to receive an accurate quote. By signing you also state you understand completion of this form does not imply or guarantee coverage.

X _____

Date: _____