

Name: _____

Home Insurance Quote Sheet Spouse Name:

Date of Birth: _____

Date of Birth:

Social Security: _____

Social Security:

Occupation (Detailed): _____

Occupation (Detailed):

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: _____
Expiration Date: _____

Policy #: _____

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