

HOMEOWNERS QUICK QUOTE

POLICY EFF DATE: _____

OF LOSSES IN 3 YEARS: (cannot exceed 3) _____

DATE: _____ PRODUCER NAME: _____

NAME: _____ PHONE: _____

LOCATION: _____

CONSTRUCTION (J/M, Frame) : _____ SQ FT: _____ YR BUILT: _____

OF FAMILIES: _____

DWELLING AMOUNT: \$ _____ PURCHASE DATE or YEAR: _____

PREVIOUS CARRIER: _____ EXP DATE: _____

LOSSES: 1.

DATE: _____ AMOUNT: \$ _____ TYPE: _____

2.

DATE: _____ AMOUNT: \$ _____ TYPE: _____

3.

DATE: _____ AMOUNT: \$ _____ TYPE: _____

COVERAGES (CIRCLE ONE): \$300K/1K \$300K/2K \$300/5K
 \$500K/1K \$500K/2K \$500K/5K

DEDUCTIBLE (CIRCLE) : \$1,000 \$2,500

OPTIONAL COVERAGE: \$120 WATER BACK-UP AND SUMP DISCHARGE (CIRCLE) Y / N