



**Personal Lines Quick Quote**

Must have application to bind

Insured Name						DOB:					
Address						Social Security:					
City				State		Zip		County			
Occupied By?		Owner		Tenant		Vacant		# Months Vacant?			
# of Families?		1	2	3	4						
Year Built?	Construction?  Frame  Masonry		Protection Class?	Square Feet?		Who is Current Carrier?  Expiration Date:					Water Back-Up Coverage?
Wiring: Year of Update?		Is Wiring 100 amp?  No      Yes			Roofing: Year of Update?		Plumbing: Year of Update?		Heating: Year of Update?		
Full  Partial		Fuse  CB			Full  Partial		Full  Partial		Full  Partial		
Any Wood or Coal Burning Stove?				Any Space Heaters?		Is Space Heater the Only Source of Heat?					
Any Swimming Pool?			Is the Swimming Pool Fenced?			Any Animals?			Breed of Dog?		
Any Bankruptcy?				When Was It Filed?				Is Bankruptcy Closed?			
Any Work Being Done?					Is Work Being Done By a Licensed Contractor?						
Any Losses in Last 3 Years?											
Date of Loss				Description				Amount Paid \$			
Date of Loss				Description				Amount Paid \$			
LIMITS											
Dwelling VMM RC    ACV											
Contents VMM											
Adj Structure											
Add' Living											
Liability											
Medical											
Deductible											
Agent						Agency Name					
Email				Date		Phone		Fax			