



FLORIDA HOMEOWNERS/AUTO QUOTE QUESTIONNAIRE

Applicant Name:	Phone #:
Mailing address: City: State: Zip:	Mobile #:
Location address: City: State: Zip:	Email:
Date of Birth:	SS#:
Occupation:	Employer:
Co-applicant Name:	Co-applicant DOB:
	Co-applicant SS#:

Has any coverage been canceled, declined or non-renewed within the last 3 years? Yes No If Yes why?
Current Insurance Carrier: Exp. Date:

DWELLING INFORMATION

Is this a new purchase? [gu''''P q	Purchase Price:
Current Insured Value: \$ (Replacement Cost)	Liability limit requested: \$
Deductible: \$	
Year built:	Construction Type:
Square Footage:	Heat type:
# of Stories:	Does home have a hip roof? Yes No Roof material?
Impact glass on all windows? Yes No	Storm shutters? Yes No
Distance to Fire Dept:	Distance to hydrant:

Applicant Name: _____			
Protection Device: Smoke alarm <input type="checkbox"/> Central <input type="checkbox"/> Direct <input type="checkbox"/> Local	Protection Device: Burglar alarm <input type="checkbox"/> Central <input type="checkbox"/> Direct <input type="checkbox"/> Local	Updates: Wiring: _____ Plumbing: _____ Heating: _____ Roof: _____	Month/Year
Swimming Pool: Yes No <input type="checkbox"/> Fenced <input type="checkbox"/> Diving Board <input type="checkbox"/> Above ground <input type="checkbox"/> In-ground		Used as primary residence? Yes No Used as secondary residence? Yes No Rented to others? Yes No	
Basement? Yes No Finished? Yes No Sq. ft: _____		Garage? #_____ Attached? Yes No	
Sprinklered? Yes No		Fireplaces? #_____ Wood? Gas?	

Any detached buildings? _____	Construction type? _____	Square footage: _____	Use: _____
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ADDITIONAL INFORMATION

Any farming or other business conducted on premises?	Yes No	
Any Residence Employees?	Yes No	How many?
How many?	Full Time:	Part Time:
Any other residence owned, occupied or rented?	Yes No	
Any exotic Pets?	Yes No	
Is property located within 2 miles of tidal water	Yes No	
Is property located on more than 5 acres?	Yes No	
Does applicant own any recreational vehicles?	Yes No	
Is building undergoing any renovation or reconstruction?	Yes No	
Is there a trampoline?	Yes No	

MORTGAGE INFORMATION

Name of Mortgage Co: _____	Loan #: _____
Address: City: _____ State: _____ Zip: _____	Is mortgage escrowed? Yes No

COLLECTIONS

Jewelry total value \$ _____	Furs total value: \$ _____	Fine Arts total value: \$ _____
Musical Instruments total value: \$ _____	Silverware total value: \$ _____	Firearms total value: \$ _____
Other Property (describe): \$ _____		

Applicant Name:	
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LOSS HISTORY

Date of Loss	Description of Loss	Amount Paid

Personal Umbrella quote desired?	Limit:
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AUTOMOBILE

Please provide information on owned autos below.

YEAR	MAKE	MODEL	VIN	VALUE	DEDUCTIBLE DESIRED

Please provide driver information on anyone that will drive the vehicles.

NAME	DRIVER LICENSE #	STATE	SOCIAL SECURITY #	DATE OF BIRTH

LOSS HISTORY

Date of Loss	Description of Loss	Amount Paid

Please note that additional information may be required based on how the above questions are answered.

