



## HOMEOWNER INSURANCE QUOTE

Name(Nombre) \_\_\_\_\_ Last Name(Apellido) \_\_\_\_\_

Address (Direccion) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-MAIL \_\_\_\_\_

Marital Status \_\_\_\_\_ D.O.B \_\_\_\_\_

Prof. Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Spouse Name \_\_\_\_\_ Last Name \_\_\_\_\_

D.O.B \_\_\_\_\_ Prof Occupation \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail \_\_\_\_\_ -- \_\_\_\_\_

Property address : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Single Family  Townhouse  Apartment  Construction Type: \_\_\_\_\_

Living area sq/ft: \_\_\_\_\_ Year Built \_\_\_\_\_ Stories # \_\_\_\_\_ Baths # \_\_\_\_\_ Bedrooms # \_\_\_\_\_

Floor Finishing: Tile  Carpet  Laminate  Wood  Walls: Paint  Wall paper

Roof: tiles  shingles  flat  Pool: Yes  No  Jacuzzi: Yes  No  Fence:

Garage  # \_\_\_\_\_ Carpool  #: \_\_\_\_\_ Balcony  Veranda  Terrace  Porch  Patio

Screen  Deck  Hurricane Shutter: Yes  No  Content Replacement .Cost: Yes  No

Alarms connected to police: Burglary: Yes  No  Fire: Yes  No  Fire detectors

Prior Insurance \_\_\_\_\_ Expiration date \_\_\_\_\_ Pol. #: \_\_\_\_\_

Flood Insurance Name \_\_\_\_\_ Expiration date \_\_\_\_\_ Pol # \_\_\_\_\_

Escrow: Yes  No  Bank Mortgagee Name, Address, loan # on property \_\_\_\_\_



In order to avoid the cancellation of a policy and place the risk more adequately the answer to the following questions are required

Any prior losses in the past 5 years: Yes  No  If yes what specified which of the following :

Fire: Yes  No  Water: Yes  No  Theft: Yes  No  Dog bites: Yes  No

Dog/s breed/s: \_\_\_\_\_ Value of the recoveries: \_\_\_\_\_

**Background**

No bankruptcies in the past 60 months Yes  No  No liens past in the past 60 months Yes  No

No judgments in the past 60 months Yes  No  No felony conviction in the past 10 years Yes  No

No repossessions (voluntary or involuntary) in the past 60 months Yes  No

No driving under the influence of alcohol or some other illegal substance in the past 10 years Yes  No

No driver's license suspension or revocation in the past 5 years Yes  No

No arrest for assault or battery or disorderly conduct in the past 10 years Yes  No

No first party law suits against an automobile or homeowners insurance company Yes  No

**Send us this application with a copy of your current insurance policy and we will come back to you with our best quote.**