

Property Insurance Quote

(Save MONEY by combining your home/condo/tenants insurance with your auto insurance)

Client Information

Name(s):		Telephone No.:	
Email(s):			
Current Address:		City, Prov.:	Postal Code:
Applicant Name(s):		Applicant Date of Birth(s) (MM/DD/YYYY):	
Applicant Occupation(s):		Last Move Date:	
Previous Address:		City, Prov.:	Postal Code:

Prior Carrier Details

Current Insurance Carrier:	Current Policy No.:	Current Insured (limit):
Policy Expiry Date:	How many years of continuous insurance?	Cancellations? <input type="checkbox"/> YES <input type="checkbox"/> NO
Any Claims in the last 10 years? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, details:

Coverage Details

<input type="checkbox"/> HOMEOWNER <input type="checkbox"/> TENANT	Year House Built:	Occupied Since:	Dwelling type: <input type="checkbox"/> Rented <input type="checkbox"/> Leased <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Single Family <input type="checkbox"/> Multiple Family
Current Deductible on Policy? <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000			Is there smoking in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO
Any home business operations? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, details:	
Is there a mortgage on the home? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, with who:	
Connected Monitored Alarm System? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please advise: <input type="checkbox"/> Local <input type="checkbox"/> Central <input type="checkbox"/> Partial <input type="checkbox"/> Full *request certificate	
Fire Protection: <input type="checkbox"/> Hydrant <input type="checkbox"/> Fire Hall ___ km <input type="checkbox"/> Unprotected <input type="checkbox"/> Shuttle Tanker			

ADDITIONAL COVERAGES

<input type="checkbox"/> Jewelry	<input type="checkbox"/> Watercraft
<input type="checkbox"/> Trailer	<input type="checkbox"/> Fine Arts
<input type="checkbox"/> Sports Equipment	<input type="checkbox"/> Other:

Update Details

ROOF	Yr. Changes Made:	Roof Age:	Roof Type: <input type="checkbox"/> Asphalt <input type="checkbox"/> Clay <input type="checkbox"/> Cedar <input type="checkbox"/> Steel <input type="checkbox"/> Metal
WIRING (ELECTRICAL)	Yr. Changes Made:	Electrical Age:	Electrical Type: <input type="checkbox"/> AMPS <input type="checkbox"/> Fuses/Breakers
PLUMBING	Yr. Changes Made:	Plumbing Age:	Plumbing Type: <input type="checkbox"/> Copper <input type="checkbox"/> ABS Plastic <input type="checkbox"/> Galvanized <input type="checkbox"/> Steel
FURNANCE	Yr. Changes Made:	Furnace Age:	Furnace Type: <input type="checkbox"/> Central F/A <input type="checkbox"/> Hot Water <input type="checkbox"/> Electric <input type="checkbox"/> Wall Furnace
Auxiliary Heat Source: <input type="checkbox"/> Woodstove <input type="checkbox"/> Fireplace <input type="checkbox"/> Direct Vent Insert			Source: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Propane

Dwelling Details

Structure Type: <input type="checkbox"/> Detached <input type="checkbox"/> Semi <input type="checkbox"/> Townhouse <input type="checkbox"/> Apt. Building		Exterior Construction: <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Aluminum <input type="checkbox"/> Fire Resistive	
No. of Stories: <input type="checkbox"/> Bi-Level <input type="checkbox"/> Tri-Level <input type="checkbox"/> One <input type="checkbox"/> Two		Sq. Footage:	Main Level: Basement:
No. Bedrooms:		No. Full Baths:	No. Half Baths:
Swimming Pool: <input type="checkbox"/> YES <input type="checkbox"/> NO		Pool Type: <input type="checkbox"/> Above <input type="checkbox"/> In-ground	Pool Size: Type of Pool Liner:
Garage: <input type="checkbox"/> YES <input type="checkbox"/> NO		Garage Type: <input type="checkbox"/> Attached <input type="checkbox"/> Carport <input type="checkbox"/> Built-in	No. of Garages: No. of Cars:
Out buildings: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, type:		Front Porch: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, size:	Back Deck: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, size:
Finished Basement? <input type="checkbox"/> YES <input type="checkbox"/> NO		Sump Pump? <input type="checkbox"/> YES <input type="checkbox"/> NO	Back Flow Valve? <input type="checkbox"/> YES <input type="checkbox"/> NO