

NELSON-PATTERSON AGENCY, INC.

Insurance - Risk Management - Administrative Services

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HOMEOWNERS QUOTE: Date: / / Info Taken by: Producer or Referred by:

Name: Home #:

Address: Work #:

Town: Cell. #:

Location if different from above:

Email address:

Table with 2 columns: APPLICANT INFO and CO-APPLICANT INFO. Fields include name, DOB, and ssn #.

HOUSE INFORMATION: owner or tenant occupied structure type: house, apartment, condo or townhome flat roof: Y or N sq. footage: garage & type: year constructed: # of stories: # of families: circle one: frame, masonry, modular central a/ c: # of fireplaces: heating: gas, oil, propane or electric finished basement: # of bathrooms: dist. from water: wood burning stove: In ground oil tank: swimming pool & type: diving board: trampoline:

COVERAGE: dwelling: personal property: deductible: liability: medical payments: mortgage amount: mortgage billed: Y or N

CREDITS &/or SYSTEMS please circle all that apply: claims in 5 years: Y or N non-smoker smoke detectors central alarm: Y or N

SPECIAL COLLECTIONS / AMOUNT SCHEDULED ITEMS: jewelry: furs: other:

Any PETS & type: Any bite history: Current insurance: Y or N Years with current carrier: Expiration date:

In the past 5 years has your policy ever been cancelled or non-renewed? Y or N

In order to qualify for our best rate, we ask for your social security number.