

Date _____

Office 318.686.7700
Fax 318.688.2457

Referred By _____

HOMEOWNER'S QUOTE QUESTIONNAIRE

Named Insured _____ DOB _____ SSN _____

Mailing Address _____

Phone _____

Email _____

Spouse _____ DOB _____

SSN _____

Employment _____

HOME INFORMATION

Location Address (if different from mailing) _____

Year Built _____ Value _____ Total Square Feet _____ Total # Stories _____

Construction? BRICK FRAME OTHER Are you in a Flood Zone? YES NO

Number of Bedrooms _____ Number of Baths _____ Carport or Garage Attached Detached

Fireplaces ? NONE MASONRY Other Structures? YES NO If Yes, Please Describe _____

Type of Heating? ELECTRIC GAS Any Updates on Heating? YES NO If Yes, When? _____

Auxiliary Heating? NONE WOODSTOVE SOLAR SPACE HEATERS Circuit Breaker or Fuse Panel

Roof type? ASPHALT METAL OTHER _____ Roof Age _____

Property larger than one acre? YES NO If YES, How many acres? _____ Is the Property fenced In? YES NO

Swimming Pool? YES NO If YES, Above Ground Or In Ground Is the Pool Fenced In? YES NO

Alarm? NONE LOCAL CENTRAL _____ Smoke Detector? YES NO FIRE EXT.? YES NO

Do you have any animals? YES NO If Yes, What Kind? _____ Have you had any losses? YES NO

If you have had losses, please provide details _____

Name of Mortgage Company _____ Escrow Billed? YES NO Closing Date? _____

Current Insurance Information _____

Are you interested in the following?:

Auto Quote YES NO
Life Insurance Quote YES NO

Recreational Vehicle Quote YES NO
Health Insurance Quote YES NO

