

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

