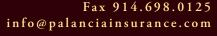
116 Mamaroneck Ave.



Mamaroneck, New York 10543



Homeowners Quote Form

** Please save and attach this form to an email to info@palanciainsurance.com **

1. (Mr., Miss, Mrs.) Name:	Pho	ne:		Date of Birth:		
Email Address:	Social	Security #:		Education:		
Occupation/Industry:	If re	tired/what indu	ustry:			
Marital Status: Single □ Married □ Divorced	□ Widowed □ Dom	estic Partnersh	ip 🗆			
2. (Mr., Miss, Mrs.) Name:	Pho	ne:		Date of Birth:		
Email Address:	Social	Security #:		Education:		
Occupation/Industry:	If re	tired/what indu	ıstry:			
Marital Status: Single \square Married \square Divorced	□ Widowed □ Dom	estic Partnersh	ip □			
3. Number of household members: How many under the age of 18yrs old:						
4. Prior Address(es) in 4 years or less:	or less: Date property was purchased:					
Property address:			City/State/Zip:			
Mailing address (if different from property):	different from property): City/State/Zip:					
5. What year was the home built: Miles to the nearest fire station: Heating system: Oil □ Gas □ Hot Water □ Number of families Style of house or	Is a fire hydrant close b	y: yes □ no □ nk Located:	how many fe	eet		
6. Please indicate the month and year of the last update on the following systems:	7. Do you have any of please check all that a	•	e devices?	8. Do you have circuit breakers:		
Roof: Partial □ Complete □	☐ Smoke Detectors					
Plumbing: Partial □ Complete □	☐ Fire Extinguishers			☐ no		
Electrical Wiring:Partial Complete	□ Dead Bolts		If yes, what are the amps?:			
Heating:Partial □ Complete □	□ Other alarms (centr	al burglar/fire):				
9. Number of car garage:	10. Please indicate if you have any of the following:					
☐ Attached ☐ Built-in	Deck: Open □	Closed □	Material	Square footage:		
☐ Carport ☐ Basement	Porch: Open □	Closed □	Material	Square footage:		
□ Detached	Balconie: Open □	Closed □	Material	Square footage:		
11. Do you conduct any business on premises? (including daycare) Yes □ No□ If yes, what type of business? Approximately foot traffic per week Is there a separate entrance for clients? Yes □ No□ Do you have insurance for the business? Yes □ No□						



Homeowners Quote Form

Ph.914.698.1373 Fax 914.698.0125 info@palanciainsurance.com

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12. Bathroom & Kitchen: Please indicate the r Standard Custom Half Baths	number of the following: Designer ———	•	indicate the number of the following: puble Triple				
34 Baths		14 Wood Stove: Plea	se indicate the number of the following:				
Full Baths			Zero Clearance				
Kitchen		rice standing	Zero clearance				
15. Basement □ or crawl space □ If you selected basement, is it Finished □ or Unfinished □ and what percentage is it and is the basement a walkout □ or below grade □							
16. What material is your exterior siding							
17. What material is your roof			_ Do you have a flat roof : yes □ no □				
18. Do you have any cats or dogs in your home: yes □ no □ If so: what breed(s) is your pet							
If mix breed dog what is the mixand is there any biting history: yes \square no \square							
19. Do you have any of the following in your home? Please indicate the number (or square footage) for each:							
☐ Outdoor (concrete) Pool	□ Wet Bar		☐ Sump Pump				
□ Outdoor (fiberglass) Pool	☐ Vanity (custom installed)		What Kind?				
☐ Indoor Pool	☐ Metal Spiral Staircase		☐ Backup Generator				
□ Diving Board or □ Slide For Pool	☐ Wood Spiral Staircase		Auto□ or Manual □				
☐ Above Ground or ☐ Inground Pool	☐ Finished Attic		What Kind?				
□ Pool Fence	☐ Central A/C (same ducts as heat)		☐ Propane				
☐ Hot Tub	☐ Central A/C (separate ducts)		☐ Natural Gas				
□ Jacuzzi	☐ Central Vacuum System		☐ Gasoline				
☐ Does the property have a pond	☐ Bay Windows		☐ Central Temp Monitoring				
☐ Trampoline	☐ Picture Windows		☐ Water Flow Sensore				
☐ Greenhouse	☐ Skylights		☐ Oil Tank gallons				
□ Patio Cover	☐ Breezway Open ☐ Closed ☐		☐ Inside yrs old				
☐ Solar Room	☐ Any scheduled Property?		☐ Outside yrs old				
□ Balcony	Such as Jewelry, Fine arts, Coins, ect.		☐ Underground yrs old				
☐ French Doors	Total value of items _		☐ Pluming Pipe Material				
☐ Sliding Glass Doors	Is any one item over \$	\$10K					
20. Mortgage							
Desired pay plan? ☐ Paid in Full, ☐ Mortgagee, or ☐ Installments							
Present Insurance Carrier: How long have you had continuous insurance?							
How long have you been with your current carrier? Expiration date of policy:							
Claims in the last 5 years:							



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21. Have you filed any claims (regardless of location) yes \square no \square If yes, please list reasons why:			
22. Is flood coverage wanted or needed: yes \square no \square			
23. Any Living space above garage?: yes □ no □ If so how much?			
24. Insured billed □ or Mortgagee billed □			