



Homeowners Quote Form

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

|   |   |   |                 |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |
|---|---|---|-----------------|-----------------|------------|-------|-------|-------|---------|-------|-------|-------|------------|-------|-------|-------|---------|-------|-------|-------|--|--|
| 1. (Mr., Miss, Mrs.) Name: _____ Phone: _____ Date of Birth: _____<br>Social Security #: _____ Education: _____<br>Occupation- Industry: _____ Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic partnership <input type="checkbox"/>  |   |   |                 |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |
| 2. (Mr., Miss, Mrs.) Name: _____ Phone: _____ Date of Birth: _____<br>Social Security #: _____ Education: _____<br>Occupation- Industry: _____ Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic partnership <input type="checkbox"/>  |   |   |                 |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |
| 3. Prior Address(es) in 4 years or less: _____ Date property was purchased: _____<br>Property address: _____ City/State/Zip: _____<br>Mailing address (if different from property): _____ City/State/Zip: _____   |   |   |                 |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |
| 4. What year was the home built: _____ Construction Type: Frame <input type="checkbox"/> Brick <input type="checkbox"/> Masonry <input type="checkbox"/> Square Footage _____<br>Miles to the nearest fire station: _____ Is a fire hydrant close by: yes <input type="checkbox"/> no <input type="checkbox"/> how many feet _____<br>Heating system: Oil <input type="checkbox"/> Gas <input type="checkbox"/> Hot Water <input type="checkbox"/> If oil, Where is the tank Located: _____<br>Number of families _____ Style of house or number of stories _____ Square footage of the living area _____       |   |   |                 |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |
| 5. Please indicate the month and year of the last update on the following systems:<br>Roof: _____ Partial <input type="checkbox"/> Complete <input type="checkbox"/><br>Plumbing: _____ Partial <input type="checkbox"/> Complete <input type="checkbox"/><br>Electrical Wiring: _____ Partial <input type="checkbox"/> Complete <input type="checkbox"/><br>Heating: _____ Partial <input type="checkbox"/> Complete <input type="checkbox"/>  | 6. Do you have any of these protective devices? please check all that apply<br><input type="checkbox"/> Smoke Detectors<br><input type="checkbox"/> Fire Extinguishers<br><input type="checkbox"/> Dead Bolts<br><input type="checkbox"/> Other alarms (central burglar/fire): _____  | 7. Do you have circuit breakers:<br><input type="checkbox"/> yes<br><input type="checkbox"/> no<br>If yes, what are the amps?:<br>_____ |                 |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |
| 8. Number of car garage: _____<br><input type="checkbox"/> Attached <input type="checkbox"/> Built-in<br><input type="checkbox"/> Carport <input type="checkbox"/> Basement<br><input type="checkbox"/> Detached  | 9. Please indicate if you have any of the following:<br>Deck: Open <input type="checkbox"/> Closed <input type="checkbox"/> Material _____ Square footage: _____<br>Porch: Open <input type="checkbox"/> Closed <input type="checkbox"/> Material _____ Square footage: _____<br>Balconie: Open <input type="checkbox"/> Closed <input type="checkbox"/> Material _____ Square footage: _____ |   |                 |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |
| 10. Do you conduct any business on premises? (including daycare) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type of business? _____<br>Approximately foot traffic per week _____ Is there a separate entrance for clients? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Do you have insurance for the business? Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |   |                 |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |
| 11. Bathroom & Kitchen: Please indicate the number of the following:<br><table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center"><i>Standard</i></td> <td style="text-align:center"><i>Custom</i></td> <td style="text-align:center"><i>Designer</i></td> </tr> <tr> <td>Half Baths</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>¾ Baths</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Full Baths</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Kitchen</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> |   | <i>Standard</i>   | <i>Custom</i>   | <i>Designer</i> | Half Baths | _____ | _____ | _____ | ¾ Baths | _____ | _____ | _____ | Full Baths | _____ | _____ | _____ | Kitchen | _____ | _____ | _____ | 12. Fireplaces: Please indicate the number of the following:<br>Single _____ Double _____ Triple _____ |  |
|   | <i>Standard</i>   | <i>Custom</i>   | <i>Designer</i> |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |
| Half Baths  | _____   | _____   | _____           |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |
| ¾ Baths   | _____   | _____   | _____           |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |
| Full Baths  | _____   | _____   | _____           |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |
| Kitchen   | _____   | _____   | _____           |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |
|   | 13. Wood Stove: Please indicate the number of the following:<br>Free Standing _____ Zero Clearance _____  |   |                 |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |
| 14. Basement <input type="checkbox"/> or crawl space <input type="checkbox"/> If you selected basement, is it Finished <input type="checkbox"/> or Unfinished <input type="checkbox"/><br>and what percentage is it _____ and is the basement a walkout <input type="checkbox"/> or below grade <input type="checkbox"/>  |   |   |                 |                 |            |       |       |       |         |       |       |       |            |       |       |       |         |       |       |       |  |  |



15. What material is your exterior siding \_\_\_\_\_

16. What material is your roof \_\_\_\_\_ Do you have a flat roof: yes  no

17. 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 mix \_\_\_\_\_ and is there any biting history: yes  no

18. Do you have any of the following in your home? Please indicate the number (or square footage) for each:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Outdoor (concrete) Pool _____   | <input type="checkbox"/> Wet Bar _____  | <input type="checkbox"/> Sump Pump       |
| <input type="checkbox"/> Outdoor (fiberglass) Pool _____ | <input type="checkbox"/> Vanity (custom installed) _____  | What Kind? _____                         |
| <input type="checkbox"/> Indoor Pool _____               | <input type="checkbox"/> Metal Spiral Staircase _____   | <input type="checkbox"/> Generator       |
| <input type="checkbox"/> Hot Tub _____                   | <input type="checkbox"/> Wood Spiral Staircase _____  | What Kind? _____                         |
| <input type="checkbox"/> Jacuzzi _____                   | <input type="checkbox"/> Finished Attic _____   | <input type="checkbox"/> Propane         |
| <input type="checkbox"/> Trampoline _____                | <input type="checkbox"/> Central A/C (same ducts as heat) _____                                       | <input type="checkbox"/> Natural Gas     |
| <input type="checkbox"/> Greenhouse _____                | <input type="checkbox"/> Central A/C (separate ducts) _____   | <input type="checkbox"/> Gasoline        |
| <input type="checkbox"/> Patio Cover _____               | <input type="checkbox"/> Central Vacuum System _____  | <input type="checkbox"/> Automatic Start |
| <input type="checkbox"/> Solar Room _____                | <input type="checkbox"/> Bay Windows _____  |  |
| <input type="checkbox"/> Balcony _____                   | <input type="checkbox"/> Picture Windows _____  |  |
| <input type="checkbox"/> French Doors _____              | <input type="checkbox"/> Skylights _____  |  |
| <input type="checkbox"/> Sliding Glass Doors _____       | <input type="checkbox"/> Breezway _____ Open <input type="checkbox"/> Closed <input type="checkbox"/> |  |

19. Mortgage \_\_\_\_\_

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: \_\_\_\_\_

20. Have you filed any claims (regardless of location) yes  no  If yes, please list reasons why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Is flood coverage wanted or needed: yes  no

22. Any Living space above garage?: yes  no  If so how much? \_\_\_\_\_

23. Insured billed  or Mortgagee billed