

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Homeowner/Dwelling Fire Quote Request Sheet

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(Fire Only): Owner Occupied \_\_\_\_\_ Duplex \_\_\_\_\_ # Families \_\_\_\_\_

Year Built: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Square Feet: \_\_\_\_\_ Central Air: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_ Total # of Rooms: \_\_\_\_\_

Fireplace:  Yes  No If yes, how many? \_\_\_\_\_

Garage:  Attached  Detached # of Cars \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ If new, what is the purchase price: \_\_\_\_\_

If less than two years, how long at previous address? \_\_\_\_\_

Plumbing :  Copper  Galvanized

Type of Roof: \_\_\_\_\_ Composition  
\_\_\_\_\_ Wood Shake, Shingle or Rock  
\_\_\_\_\_ Clay, Tile/Slate  
\_\_\_\_\_ Asbestos Shakes or Concrete Tile  
\_\_\_\_\_ Tar and Gravel

Age of Roof: \_\_\_\_\_

Foundation: (circle one) Raised Slab

Has the home been bolted to the foundation?  Yes  No

If on a raised foundation, have the cripple walls been reinforced?  Yes  No

If the home was built prior to 1977, please list the year and a brief description of all updates:

Roof: \_\_\_\_\_  
Electrical/ Wiring: \_\_\_\_\_  
Plumbing: \_\_\_\_\_

Do you have an alarm system:  Yes  No

If yes,  Central (monitored)  Local What brand: \_\_\_\_\_  
Do you have any dogs?  Yes  No If yes, what breeds: \_\_\_\_\_

Any Claims?  Yes  No