

Homeowner's Insurance Quote Form

page 1

• How would you like to be contacted with your quote? E-mail Phone Fax

• Information For Homeowner's Insurance

Name: _____

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

• House Type (Select One) Single Family 2-4 Family Townhouse

• Construction Type (Select One) Frame Brick/Masonry Veneer

• Year Built _____ Insured Value: _____

• Property Deductible (Select One) \$100 \$250 \$500 \$1000

• Contents Value _____

• Liability Limit (Select One) \$100,000 \$300,000 \$500,000 \$1,000,000

• Medical Expense (Select One) \$1000 \$2000 \$5000 \$10,000

• Dead Bolts Yes No • Smoke Alarm Yes No • Fire Extinguisher Yes No

• Non-Smoker Yes No • Burglar Alarm Yes No • Fire Alarm Yes No

• Central Station Burglar Yes No • Central Station Fire Yes No • Insured Over 55 Yes No

• Are you currently insured Yes No

• Please provide details for any losses which have occurred in the past three (3) years:

Loss Description: _____

Amount Loss Description _____ Amount _____

Comments _____

Were you referred to Insurance Concepts? Yes No

If so, by whom? _____

Notice of insurance information practices:

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.