

TO GET A HOMEOWNERS QUOTE OR DWELLING POLICY QUOTE:

FILL OUT THE FORM AND EMAIL BACK TO: marilynnsha12@hotmail.com OR FAX TO: 504-443-1233

INSURED INFORMATION:

INSURED NAME:		POLICY TERM: (MONTHS) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	
INSURED OCCUPATION:		EFF DATE:	
INSURED MAILING ADDRESS:			
RISK ADDRESS:			

COVERAGES/LIMITS OF LIABILITY:

FORM: <input type="checkbox"/> DP3 <input type="checkbox"/> HO3 <input type="checkbox"/> HO4 <input type="checkbox"/> HO6	DWELLING COVERAGE: \$:	OTHER STRUCTURES: \$:	PERSONAL PROPERTY: \$:	LOSS OF USE: \$:	PERSONAL LIABILITY: \$:	MEDICAL PAYMENT: \$:
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AOP DEDUCTIBLE:

UNDERWRITING INFORMATION:

<input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> M. VENEER		YR BUILT:	PC:	SQ FT:	# FAMILIES:	# STORIES:	
UPDATES:	YR:	C:	P:	OCCUPANCY:	ROOF TYPE:	WIRING:	
WIRING	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OWNER	<input type="checkbox"/> ARCHITECTURAL SHINGLES	<input type="checkbox"/> ALUMINUM	
ROOF	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TENANT	<input type="checkbox"/> ASBESTOS	<input type="checkbox"/> C. BREAKERS	
HEAT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> ASPHALT	<input type="checkbox"/> COPPER	
PLUMBING	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SECONDARY	<input type="checkbox"/> COMPOSITION	<input type="checkbox"/> FUSES	
PLUMBING GALVANIZED				<input type="checkbox"/> VACANT	<input type="checkbox"/> METAL	<input type="checkbox"/> OTHER	
YES <input type="checkbox"/> NO <input type="checkbox"/>					<input type="checkbox"/> SLATE		
					<input type="checkbox"/> TERRACOTTA		
PROTECTIVE DEVICES:		YES	NO	CREDITS AVAILABLE: CHECK ALL THAT APPLY		YES	NO
CENTRAL STATION ALARM		<input type="checkbox"/>	<input type="checkbox"/>	ROOF REPLACED IN LAST 10 YEARS		<input type="checkbox"/>	<input type="checkbox"/>
SPRINKLER		<input type="checkbox"/>	<input type="checkbox"/>	INSURED HOMEOWNERS FOR 3+ YEARS		<input type="checkbox"/>	<input type="checkbox"/>
GATED COMMUNITY		<input type="checkbox"/>	<input type="checkbox"/>	ANY LOSSES WITHIN 3 YEARS		<input type="checkbox"/>	<input type="checkbox"/>
				GUTTED TO STUDDS		<input type="checkbox"/>	<input type="checkbox"/>
WIND MITIGATION:							
<input type="checkbox"/> HIP ROOF		<input type="checkbox"/> ROOF W/HURRICANE STRAPS					
<input type="checkbox"/> IMPACT RESIST GLASS		<input type="checkbox"/> HURRICANE SHUTTERS					

VACANT RENOVATIONS:	YES	NO	EXISTING VALUE OF BUILDING:
IF VACANT RENOVATIOONS?	<input type="checkbox"/>	<input type="checkbox"/>	AMOUNT OF RENOVATIONS:
LICENSED GENERAL CONTRACTOR	<input type="checkbox"/>	<input type="checkbox"/>	BRIEF DESCRIPTION OF RENOVATION:
THEFT OF BUILDING MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	
THEFT COVERAGE	<input type="checkbox"/>	<input type="checkbox"/>	

PRIOR COVERAGE:

PRIOR CARRIER:	ANY LAPSE IN COVERAGE:
REASON FOR LAPSE?:	WHEN WAS LAPSE?:

LOSS HISTORY:

ANY LOSSES WITHIN LAST 3 YEARS?:			
DATE:	TYPE:	DESCRIPTION:	AMOUNT:

ADDITIONAL INFORMATION:

DOGS:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(IF YES , BREED & BITE HISTORY):
POOL:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(IF YES, FENCED/LOCKED):

ADDITIONAL COVERAGE'S: CHECK COVERAGES DESIRED

WATER BACK UP:	<input type="checkbox"/>	PERSONAL INJURY:	<input type="checkbox"/>
IDENTITY FRAUD:	<input type="checkbox"/>	EXT LIAB TO RENTAL PROPERTY:	<input type="checkbox"/>
SCHEDULE ITEMS WOMEN'S:	\$	SCHEDULE ITEMS MEN'S:	\$
FINE ARTS:	\$	FURS:	\$
SILVER:	\$		\$

LARGEST ITEM:

BREAKAGE: YES NO

EXPIRING PREMIUM OR MOST COMPETITIVE PREMIUM & COMPANY:

\$:	
ADDITIONAL NOTES:	