



## Homeowner's or Dwelling Policy Application for Quote

Please complete the form and return by email to skip@landm-ins.com or fax to (504) 208-2866.

### Insured Information

Contact Information:

*Name*

*Occupation*

*Telephone Number*

*Email Address*

*Mailing Address*

*Permanent/Risk Address*

Policy Term: ☐ 3 Months ☐ 6 Months ☐ 9 Months ☐ 12 Months

### Coverages/Limits of Liability

Form: ☐ DP3 ☐ HO3 ☐ HO4 ☐ HO6

Dwelling Coverage: \_\_\_\_\_

Other Structures: \_\_\_\_\_

Personal Property: \_\_\_\_\_

Loss of Use: \_\_\_\_\_

Personal Liability: \_\_\_\_\_

Medical Payment: \_\_\_\_\_

AOP Deductible: \_\_\_\_\_

### Underwriting Information

Construction Type: ☐ Frame ☐ Masonry ☐ M. Veneer

*Year Built*

*Square Feet*

*Number of Stories*

*Number of Families*