

HOMEOWNER QUOTATION SHEET

Gregg Insurance Group

Name: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ How long with Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Rent Own Year Built \_\_\_\_\_ # of Floors: \_\_\_\_\_ Type: Brick Frame Other

Dwelling Value: \$ \_\_\_\_\_ Woodburner: Yes No Renters Personal Property Cvg \$ \_\_\_\_\_

Primary Seasonal Protection Class \_\_\_\_\_ Miles to Fire Dept \_\_\_\_\_ Distance to Hydrant \_\_\_\_\_

Year of Updates: Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_

Sq. Footage: \_\_\_\_\_ Basement: Y N % Finished: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_

**Coverages** Please circle or fill in desired amount:

Liability	300	500	\$1 Million		
Medical Payment	1000	2000	3000	5000	10,000
Deductible	500	1000	2500	5000	

Scheduled Items

Jewelry \_\_\_\_\_ Misc. \_\_\_\_\_  
# of Items \_\_\_\_\_

Endorsement

Water Sewer Backup \_\_\_\_\_ Umbrella Y N Amount \_\_\_\_\_

ID Fraud: Y N UM & UIM Coverage Yes No

Dog: Y N Breed: \_\_\_\_\_ Bite History: \_\_\_\_\_

Swimming Pool: Yes No Above Ground In Ground Diving Board Yes No Slide Yes No

Depth: \_\_\_\_\_ Fenced Yes No

Trampoline: Y N

Claims/Notes Info:

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

Prior Address (if less than 3 years) :

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