

HOMEOWNERS QUOTE FORM



Name _____ Date _____

Home Phone _____ Business Phone _____

Property Address _____

Occupation _____ Number of Years _____

Current Insurance Carrier _____

Effective Date of Policy _____

Social Security # _____ D.O.B. _____

Current Coverage

Underwriting

Dwelling _____

Other Structures _____

Personal Property _____

Loss of Use _____

Personal Liability _____

Medical Payments _____

Deductible _____

Escrowed Yes No

Mortgage Company _____

Scheduled Property - Jewelry, Furs,
Fine Arts, Silverware, Guns _____

Umbrella Quote _____

Does Have Does Not Have

Umbrella Section (choose one):

1 Million 2 million 3 million

No. of Owned Properties _____

No. of Owned Autos _____

No. of Non-Owned Autos _____

No. of Youthful Oper. _____

No. of Watercraft _____

No. of Income Prop _____

No. of Rec. Vehicles _____

No. of Aircraft _____

Present Market Value _____

Distance to Fire Hydrant _____

Distance to Fire Dept. _____

Constr.: Frame Brick

Number of Families _____

Central Station Alarm/Smoke

Detectors _____

Losses in Past 5 Years _____

Describe _____

Woodburning Stove Installed? _____

Fireplace Insert Installed? _____

Year Built _____

Year Updated if Built Before 1960

Plumbing _____

Heating _____

Wiring _____

Roof _____

Business Pursuits _____

REMARKS _____

Is Umbrella to be extended to UM/UIM? Yes No

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