

How was caller referred: (New /Existing/Friend /Web)		Reason for Shopping:	
Todays Date & Disclosure:		"Ok to run claims history report and credit insurance score": (Yes/No)	
Name:	DOB:	SS#:	Level of Educ:
Spouse Name:	DOB:	SS#:	Level of Educ:
Occupation(s):	Insured:	Spouse:	
Mailing Address:			
Residence Address:			
Phone/Cell#:		Email:	
County:		City Limit: Inside / Outside	
Current Ins Co Name:	Yrs w/ prior carrier:	Exp Date:	Exp Prem: \$
Purchase Date:	Purchase Price: \$	Mortgage on home: (Yes/No)	How many:
Responding Fire Dept:	If Volunteer – Full-Time: (Yes / No)	(If not know-call Fire Dept):	
If less than 3 years - Prior Address:			
Miles to Nearest Fire station (# of miles):	Less than 1000 feet from nearest fire hydrant: (Yes / No)		
Occupancy: (Owner / Tenant / Vacant / Unoccupied (but furnished))		Home type: (Primary/Secondary)	
Dwelling Amount: \$	Square Footage:	# of Stories:	
Type of Residence: (Dwelling /Mobile Home/ Apartment/Townhome / Condo)			
Year Built:	Home Exterior: (Brick Venner/Stucco /EFIS		
#of Car Garage / Carport (stalls): (1 /2 /3)	Attached/ Detached:		
Roof Type: (Comp Shingle/Tile / Flat)	Year Roof last Replaced:		
Foundation Type: (Concrete /Pier&Beam / Crawl Space / etc...)			
# of Bedrooms:	# of Full Baths :	# of Half Baths:	
If built prior to 2000 – Year of Updates:	Electrical:	Plumbing:	Heating: (gas/electric) AC:
Fireplace: (Yes / No)	if so how many:	Gas or Wood:	Woodburning Stove: (Yes/ No)
Stainless Steel Appliances: (Yes/No)	Granite Counter Tops: (Yes/No)	Skylights: (Yes /No)	
Built-Ins:	Any Additional Features that would add value: (Yes/No)	HO Built: (Basic/Custom/ Designed)	
Flooring% :	Ceramic Tile	Carpet	Vinyl Wood
Outside Patio/Porch: (Yes/No) Covered Porch/Slab/Sun Room (Small/Med/Large/Xlarge)			
Pool: (Yes/No)	(Inground/Above Ground)	Diving Board: (Yes/No)	Slide: (Yes/No) Jacuzzi: (Yes/No)
Trampoline: (Yes/No)	Net around trampoline: (Yes/No)	Backyard Fenced: (Yes/No)	
Pets: (Yes/No)	# of Dogs: (1/2/3/4)	Breeds:	# of Cats: (1/2/3/4)
Have they ever attacked or bitten anyone: (Yes/No)			
Home Alarm: (Yes/No)	(Local (at home only) /Monitored 24/7)	Company:	
Interior Sprinkler System: (Yes/No)	Designated Are: (Yes/No)	All Areas: (Yes/No)	
Gated Community: (Yes/No)	Gated Box: (Yes/No)	Security Guard (nights only): (Yes/No)	Security Guard 7/24: (Yes/No)
Do you run a daycare or any type of bsn or home office: (Yes/No)		If so what type:	
Do you see clients at premises: (Yes/No)	# per week:	home office sq ft:	Do you need Bsn Ins: (Yes/No)
Any Prior Loses: (Yes/No)	Type:	DOL:	Closed / Open Payout:
Any Farming or Ranching: (Yes/No)	Livestock: Yes / No	Type:	How Many:
Do you own any other properties: (Yes/No)			
Notes:			

*****PROVIDE COPY OF CURRENT DEC PAGES WITH QUOTE SHEETS FOR ALL LINES QUOTING*****

Producer Name:

Date Completed App to PL Quote Team:

Returned to Producer for add'l Info on :

Proposal to Producer on: