



Taylor & Taylor Associates, Inc.
 Taylor & Taylor, Ltd.
 www.taylorinsurance.com

HOMEOWNER'S INSURANCE QUOTE REQUEST FORM

NAME			
ADDRESS	STREET	APT/SUITE NUMBER	
	CITY, STATE, ZIP		
HOME PHONE	WORK PHONE	E-MAIL ADDRESS	
OCCUPATION	SSN	D.O.B.	
EFFECTIVE DATE OF COVERAGE			

Co-Applicant Info (Leave Blank if Not Applicable)

NAME			
HOME PHONE	WORK PHONE	E-MAIL ADDRESS	
OCCUPATION	SSN	D.O.B.	

RESIDENCE INFORMATION

Residence Type <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO – FOUR FAMILY	YEAR BUILT: _____	<u>UPDATES</u>		HEATING TYPE: <input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER _____
	NUMBER OF STORIES: _____			Oil Tank Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground <input type="checkbox"/> Basement
Construction Type <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> FIRE RESISTIVE <input type="checkbox"/> STEEL FRAME	SQUARE FOOTAGE: _____	ROOF: _____	HEATING: _____	ALTERNATE HEATING? (WOOD/COAL/PELLET STOVES, SPACE HEATERS, ETC) <input type="checkbox"/> YES <input type="checkbox"/> NO
	DISTANCE TO FIRE HYDRANT _____ In Feet	PLUMBING: _____	WIRING: _____	RENTED TO OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DISTANCE TO FIRE STATION _____ In Miles	ANY BUSINESS CONDUCTED ON PREMISES? _____	SUBJECT TO FLOOD, WAVE WASH, WINDSTORM OR SEACOAST? <input type="checkbox"/> YES <input type="checkbox"/> NO	FLOOD INSURANCE REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	Security & Alarms: Smoke Detectors <input type="checkbox"/> Y <input type="checkbox"/> N Fire Extinguisher <input type="checkbox"/> Y <input type="checkbox"/> N Dead Bolt Lock <input type="checkbox"/> Y <input type="checkbox"/> N Central Station Burglar <input type="checkbox"/> Y <input type="checkbox"/> N Central Station Fire <input type="checkbox"/> Y <input type="checkbox"/> N Sprinklers <input type="checkbox"/> Y <input type="checkbox"/> N
TRAMPOLINE OR SKATEBOARD/BICYCLE RAMP? <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDITIONAL INFORMATION: _____ _____ _____			

CONTINUED ON NEXT PAGE

Coverage Location (If Different from Above)

STREET	APARTMENT/SUITE NUMBER
CITY, STATE ZIP	

Coverage Limits

Please Enter the Requested Coverage Limits

Dwelling Coverage	Coverage for your Dwelling & Permanent Fixtures. Contact us for more details/assistance	
Personal Property	Please contact us for information on coverage for Valuable Items like Jewelry, Fine Arts, Antiques, etc.	
Personal Liability Coverage	We recommend a minimum of \$500,000 or \$1,000,000	
Medical Payments to Others Coverage	We recommend a minimum of \$5,000	
Deductible	We recommend a minimum of \$1,000 Options: \$500/\$1,000/\$2,500/\$5,000+	

Additional Information

UNDERWRITING INFORMATION

Any Losses in the past four (4) years?		If yes, please provide details on a separate sheet.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Current Insurance Carrier	Current Policy Number & Effective Date	Current Policy Premium

MORTGAGEE INFORMATION (IF APPLICABLE)

NAME	
ADDRESS	
ADDRESS (CONT.)	
CITY, STATE, ZIP	

The above information may/will be used to obtain your credit-based insurance score, motor vehicle history and premium quotation(s). You must speak to an account representative in order to bind coverage; coverages cannot be bound or changed by phone message.

It is common practice as part of the underwriting process that we may seek further information about you and any person insured under the policy from other sources to obtain an investigative consumer report containing claims, financial and credit history. If an investigation is made it will be handled in the strictest confidence. We will not disclose information without your consent unless that disclosure is necessary for us to conduct our business.

Signature _____

Date _____