

Primary

Seasonal

Condo

Tenant

Home under construction? No Yes **Start Date:** **Completion Date:**
 Dwelling replacement cost while under construction? No Yes

Effective Date: **Agent:** **Quote Needed By:**
Named Insureds: **Marital Status:**

Location Address:
How long at this address? **County:** **Township:**
Miles to Fire Department: **Feet to Hydrant:** **Responding Fire Department:**
Mailing/Prior Address:
Home Phone: **Work Phone:** **Email/Other Phone:**

INSD DOB: **Occupation:** **Social Security #:**
Spouse DOB: **Occupation:** **Social Security #:**
Is it OK to order insurance score? Yes No **Can we quote an umbrella also?** Yes No
 ATTACH UMBRELLA QUOTE SHEET PLEASE

Commercial business with agency? No Yes **Business Name:**
If not a current client, how did they hear about us?
Current Carrier: **If none, why?**

Group Discount? No Yes **Group Name(s):** AARP Alumni Credit Union Other
Multi-policy Discount? No Yes **Which CO?** **If no, where is auto now?**

| HO-3 HOMES | | HO-6 CONDOS | | HO-4 TENANT | |
|--------------------|--|------------------|-------------|-------------|--|
| Dwelling: | | Condo Cov A: | | Contents: | |
| Other Structures: | | Contents: | | Liability: | |
| Contents: | | Loss Assessment: | | Deductible: | |
| Loss of Use/Rents: | | Liability: | | | |
| Liability: | | Med Payments: | | # of Units: | |
| Med Payments: | | Deductible: | | | |
| Deductible: | | Attached? No Yes | # of Units: | | |

Market Value: **In Subdivision?** Yes No **If no, how many acres?** **# of Families:**

PACKAGE ENDORSEMENTS: **MIM** HO-299 HO-399 HO-811 Outdoorsman **A.O.** Plus No Yes
Citizens Select Select Plus Select Premium **CIT Best** Yes No **AAA** H-500 H-700

Sump Pump/Sewer Back Up? None \$5,000 \$10,000 \$15,000 \$25,000 \$50,000 Other
Ordinance or Law Coverage? No Yes % **Identity Theft?** No Yes **Amount \$**
Any Scheduled Items? No Yes **Amount, Describe:**
Boat/RV/Snowmobile Coverage? No Yes **PLEASE COMPLETE APPROPRIATE QUESTIONNAIRE!**

CREDITS/SURCHARGES: **Is home in foreclosure?** Yes No **For sale?** Yes No **How many mtgs?**
of Household Residents? **Smokers in Home?** No Yes **Smoke Detector?** No Yes
Fire Extinguisher? No Yes **Dead Bolts?** No Yes
Security Alarm: None Local Only Central Burglar Central Fire **Monitored By:**
Pool? No Yes Above Below **Is Yard or Pool Fenced?** No Yes **Diving Brd?** No Yes **Slide?** No Yes
Trampoline? No Yes **Hot Tub?** No Yes Indoor Outdoor **Kept Locked/Covered?** No Yes
Skate Board Ramps? No Yes **Woodstove?** No Yes
Business on Premises? No Yes (Describe)
How many dogs in the the home? **Breed(s):** **Any Bite History?** No Yes

CLAIMS HISTORY: Last 5 Years - Year, Amount Paid, Give Details:

COST ESTIMATOR INFO: Home is: Conventional Site Built Modular Log Other
 Year Built: *If over 25 years - updated?* No Yes **Electrical:** No Yes **Year:**
Fuses or Circuit Breakers? No Yes **Plumbing?** No Yes **Year:** **Heating?** No Yes **Year:**
Roof: No Yes **Year:** **Roof Warranty # of Years:**

INFORMATION IN THIS BOX ONLY NEEDS TO BE COMPLETED FOR HO-3 HOMEOWNERS, DWELLING FIRES & DETACHED CONDOS WITH HO-3 COVERAGE. NOT DESIGNED FOR HOMES OVER 4,000 SQ FT / \$600,000!!

No. of Stories: **Total Square Feet:** **Does square feet include an addition?** No Yes

ADDITION: Year Built: Sq. Ft: Ext Walls: Foundation: Use

Central Air? No Yes **Roofing Material:** **Roof Type:** Standard Elaborate

Heat Type: **# of Furnaces:** **# of Fireplaces:** Gas Natural Insert

Central Vacuum System(%) **Intercom Sytem(%):** **Central Stereo %**

CEILING/WALLS: Drywall % Plaster % Other: %

WALL COVERINGS: Drywall % Plaster % Other: %

FLOORING: Hardwood % Carpet % Vinyl % Carpet % Other: %

of Kitchens: **Kitchen(s) are:** Builder's Grade Semi-Custom Custom Designer

of Full Baths: **# of Half Baths:** **Jacuzzi Tub (Count):** **Wet Bar (Count):**

of Doorwalls/French Doors: **# of Picture/Bow/Bay Windows:** **# Skylights:**

GARAGE: Attached Detached Brick Frame No. of Cars: Good Condition? Yes No

Detached Structures? No Yes **Type, Value & Condition:**

Porches Sq. Ft: Open Enclosed **Stoop Sq. Ft:** **Deck Sq. Ft:**

Balcony Sq. Ft: **Breezeway Sq. Ft:** **Fin Attic Sq. Ft:** **Sun Room Sq. Ft:**

OTHER SPECIAL/ CUSTOM FEATURES: SAUNA / SPECIALTY ROOMS / BUILT-INS / OTHER UPDATES ETC.

IS A DEC & PAID RECEIPT NEEDED FOR CLOSING? No Yes **IF YES, COMPLETE THE FOLLOWING:**

Named Insureds: (Deed Holders)

Is mailing address the same as above? Yes No

Mortgage Amount: **Payor Next Year?** INSD MTG **Move In Date:**

Loan #:

Mortgage Clause/Additional Insured, etc:

A COPY OF ACCEPTED QUOTE IS NEEDED BACK SO POLICY CAN BE TYPED!!!!