



## Quote Fact Sheet

Full Name		Email Address		Phone Number													
Address				# Years at Current Address													
If less than 2 years at current address, enter previous address here																	
# of Drivers in Household	Provide for Each Driver - <table border="1"> <thead> <tr> <th>Full Name</th> <th>Date of Birth</th> <th>Relationship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Full Name	Date of Birth	Relationship									
Full Name	Date of Birth	Relationship															
# of Vehicles in Household	Provide for Vehicle (if available) - <table border="1"> <thead> <tr> <th>Year/ Make/ Model/ Trim Level</th> <th>VIN Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>					Year/ Make/ Model/ Trim Level	VIN Number										
Year/ Make/ Model/ Trim Level	VIN Number																
# of Accidents or Moving Violations in last 3 Yrs	Provide brief explanation of each -																
Prefer Paperless Policy Discount? Circle One YES NO		Prefer Electronic Payment Discount? Circle One YES NO															
Preferred Payment Interval?    Monthly    Semi-Annually    Annually Circle One																	
Please Complete Section Below OR Attach Declaration Page of Current Insurance Policy																	
Current Insurer			# of Years with Current Insurer														
Liability Coverage Amounts: Bodily Injury:                      Property Damage:			Amount You Pay Monthly / 6 Months for Premium: Monthly:                      6-Months:														
Deductible Amounts: Collision:                      Comprehensive:			Do you have Towing Coverage? YES or NO		Accident Forgiveness? YES or NO												

Questions? Contact Us at 410-285-2770



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(may skip this section if already completed on reverse side)

<b>Full Name</b>	<b>Email Address</b>	<b>Phone Number</b>
<b>Address</b>		<b># Years at Current Address</b>
If less than 2 years at current address, enter previous address here		

(please complete all sections below)

<b>Date of Birth</b>	<b># of Children</b>	<b>Sq Footage of Home (not including basement)</b>		
<b>Type of Dwelling (Townhome, Single Family, Bi Level)</b>		<b># of Stories (not including basement)</b>		
<b>Is there a Basement?</b> YES or NO	<b>Is Basement Finished?</b> YES or NO or N/A	<b># of Bathrooms</b>		
<b>Is there a Fireplace?</b> YES or NO	<b># of Fireplaces</b>	<b>Year Home Built</b>	<b>Year Home Purchased</b>	<b>Age of Roof</b>
<b>Is there a deck?</b> YES or NO	<b>Type of deck?</b>	<b>Type of Construction (Frame/ Siding/ Brick/ Stone)</b> % of each		
<b>Sq Footage of Deck?</b> YES or NO	<b># of Cars in Garage</b>	<b>Garage is (select one)</b> ATTACHED    BUILT-IN    DETACHED    NO GARAGE		
<b>Is there a pool or trampoline?</b> YES or NO		<b>Is the pool or trampoline fenced in?</b> YES or NO		
<b>Have you ever had a loss on your Homeowners Policy?</b> YES or NO		<b>Does your mortgage company pay your premium through escrow or do you pay the premium?</b> YES OR NO		
<b>Please Complete Section Below OR Attach Declaration Page of Current Insurance Policy</b>				
<b>Current Insurer</b>		<b># of Years with Current Insurer</b>		
<b>Coverage Amounts (estimate if unsure):</b>		<b>Amount You Pay Monthly / 6 Months for Premium:</b>		
<b>Deductible Amounts:</b>				

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