## Greater Insurance Service Homeowner's Ouote Sheet

Insured's Name			Phone/Cell		
Spouse's Name Property Address					
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Insured's Social Security #			D.O.B		
Spouse's Social Security #			D.O.B		
Current Home Carrier			Expiration Date		
Current Auto C:	arrier	E.	Expiration Date		
Who Referred You To The Agency					
	nount Liability Amount_				
Year Built	Built Stories Total Living Area				
Construction: (Frame, Mobile Home, Log, Modular)					
Foundation: Slab Crawl Space Basement Walkout? Finished (%)					
Exterior Material: Vinyl, Steel Stucco, Brick, etc.					
Roof Material: Asphalt Shingles Steel Wood Shingles					
Attached or Detached Garage: Dimensions					
Deck/Porches: (Dimensions) Dogs (Breed)					
Swimming Pool (Y/N) Hot Tub/Jacuzzi (Y/N)Trampoline (Y/N)					
Fireplace (Y/N) Woodstove (Y/N) Central Air (Y/N)					
Heat Type (Circle One) Electric, Gas/Propane, Fuel Oil, Wood # Acres					
Updates (Year): Roof ElectricalPlumbing Heat					
Homeowners Claims 3 Years (Y/N) Miles to Fire Department					
Bathrooms Current Premium \$ Escrow				erow	
Circle if coverage needed or if you would like more information:					
Guns	Jewelry	Snowmobiles	ATV's	Home Business	
Horses	Boats	Backup Sewer	Identity Theft	Collectibles	
Cameras	Computers	Fine Arts	Motorcycle	Umbrella	
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Remarks					