



Personal Lines Quick Quote

Must have application to bind

Insured Name

Address

City	State	Zip	County
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Occupied By? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant	# Months Vacant?
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of Families? 1 2 3 4

Year Built?	Protection Class?	Square Feet?	Who is Current Carrier?
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Construction?	<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Noncombustible
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Year of Update?	Wiring	Is Wiring 100 amp?	Roofing	Plumbing	Heating
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Any Wood or Coal Burning Stove?	Any Space Heaters?	Is Space Heater the Only Source of Heat?
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Any Swimming Pool?	Is the Swimming Pool Fenced?	Any Animals?	Breed of Dog?
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Any Bankruptcy?	When Was It Filed?	Is Bankruptcy Closed?
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Any Work Being Done?	Is Work Being Done By a Licensed Contractor?
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Any Losses in Last 3 Years?		
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Date Of Loss	Description	Amount Paid \$
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Date Of Loss	Description	Amount Paid \$
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LIMITS	
Dwelling VMM \$	
Contents VMM \$	
Adj Structure \$	
Add' Living \$	
Liability \$	
Medical \$	
Deductible \$	

Agent	Agency Name
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Date	Phone	Fax
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