

Fact Finder - Homeowner Quote

Name: _____

Address to be insured: _____

City: _____ Zip: _____ County: _____

Is this a new purchase? Y / N

Do you have any concerns with current coverage or policy? Y / N

Will home be vacant? Y / N

Prior Address: _____

City: _____ Zip: _____ State: _____

How did you hear about our agency?

Phone #: _____

Email: _____

Losses

Any losses/claims in 5 yrs? Y / N

Describe: _____

Date of closing: _____

Mortgage contact person: _____

Phone: _____

Loan #: _____

Smokers? Y / N Dogs? Y / N

Prior Ins

Company: _____

Policy #: _____

Expiration date: _____

Current Premium: _____

Name	DOB	SSN	Occupation	Yrs w/emp
1. _____				
2. _____				

Home Info

Purchase Price: _____

Dwelling Limit: _____

Stories: _____

Total living area: _____

Basement? Y / N

Finished? Y / N

Central Air? Y / N

Garage: Built In: _____

Attached: _____

Carport: _____

Baths: Full: _____

Half: _____

Decks: 300-500 ft²: _____

501-1000 ft²: _____

No. of Fire Places: _____

Yr. Built: _____

Construction Type (check):

Frame: _____ Brick: _____

Renovations? _____

Discounts

-Smoke detector on every floor, dead bolt locks on exterior doors, and fire extinguisher? Y / N

-55 and retired? Y / N

-Local burglar alarm? Y / N

-Home Sprinkler system? Y / N

-Complete burglar alarm reporting to central/police station? Y / N

--Fire alarm reporting to central/fire station? Y / N

Coverages

	100,000	300,000	500,000
Liability:			
Deductible:	500 750 1000	1500 2000	3000 5000
Guest Medical:	1,000	2,500	5,000

Riders

Any jewelry or watches to insure? Y / N Value: _____

Any fine arts to insure? Y / N Value: _____

Any other items to schedule? Y / N Value: _____

For Quotes
 fax to: 770-783-5227 or
 Email: quotes@johnscreekinsurance.com