



COLLINSWORTH, ALTER, LAMBERT
RISK MANAGEMENT, BONDING & INSURANCE

Homeowner Quote Sheet

Referred by: _____

Date & Time: _____

HO3 HO4 HO6 DP3 WIND Builders Risk

Name: _____ DOB: _____ SSN: _____

Occupation: _____ Email: _____

Name: _____ DOB: _____ SSN: _____

Occupation: _____ Email: _____

Contact Info: Home: _____ Work: _____

Cell: _____ Fax: _____

Mailing Address: _____

Have you had recent wind mitigation done on your home? Yes No Comments: _____

New Purchase? Y → Closing Date: _____ Purchase Price: _____

Foreclosure/Short sale Yes No

N → Insured Now? Yes No Expiration Date: _____

Current Carrier: _____ Expiration Date: _____

Current Coverage/RC: \$ _____ Purchase Date: _____

Auto/RV/Boat/Motorcycle/Trailer Policy written thru our agency? Yes No → Agent/Carrier Name & X-Date: _____

PROPERTY DETAILS

Property Address: _____

HOA or COA No Yes

Name of Community: _____

Any Renovations in progress or planned: Yes No

Gated Community: Yes No

Units in Bldg.: _____ Floor # Unit is On: _____

Flood Zone: _____

COMMON DETAILS

Occupied:

Primary Seasonal Secondary Rental

Vacant Under Construction

Central Air/Heat Yes No

Porch Patio Decks

Screen Porch/Patio Yes No Size: _____

REMARKS: _____

Distance to Hydrant: _____

Distance to Fire Station: _____

Mortgage Holder: Yes No

HOME

Year Built: _____ Sq Ft: _____

Construction: Frame Masonry Other: _____

Flooring: _____

Bedrooms: _____ # Baths: _____

Sliding/French Doors: _____

Carport None Garage → Attached Detached

of cars: _____

Foundation: Crawlspace Slab

of Stories: _____

Property Type: Single Family Duplex

COMMON DETAILS

HOME

Name: _____

Address: _____

Loan #: _____

Who Pays Premium: _____

Corp, Trust or LLC 0 No 0 Yes Name: _____

Roof Material: _____

Shape: _____ Age: _____

5 Year History:

Any Claims or Losses? Yes No

If YES to Claims or Losses, Provide additional info:

Claim	Date	What Happened	Amount Paid
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

Animals:

Pets: _____ Bite History? Yes No What Breed: _____

On Premises:

POOL: No In-Ground Above Ground →→ Screen Enclosed Fence Slide Diving Board

Unattached Structures (size and value): _____

Extra Features: _____

Any Existing Damage to Property, what? _____

Condo Townhouse

Home/Eligibility Questions:

Trampoline: Yes No

Golf Cart: Yes No

Credit Questions:

Monitored Alarm: Yes No

Monitored Fire Alarm: Yes No

Hurricane Shutters: Yes No

Privacy Statement read to insured Yes No