

HIBBS-HALLMARK & COMPANY

Homeowners Quote Form



APPLICANT INFORMATION									
Last Name				First				M.I.	
Street Address							Apartment/Unit #		
City				State		ZIP		County	
Same as Mailing Address? YES <input type="checkbox"/> NO <input type="checkbox"/>			If No, Mailing Address:						
Phone: Home			Cell			Work			
E-mail Address									
Date of Birth		SSN		Occupation				How Long?	
DWELLING									
Is the dwelling titled <u>individually</u> or in another <u>entity</u> (i.e.: LLC, LLP, Corporation, etc.)?									
Square Footage Excluding Garage			Year Built			Updates:	Roof	Plumbing	Wiring
Type of Construction:		Stucco <input type="checkbox"/>	Wood/Frame <input type="checkbox"/>	Brick <input type="checkbox"/>	Brick Veneer <input type="checkbox"/>	How many stories?			
Garage:		Detached <input type="checkbox"/>	Attached <input type="checkbox"/>	1, 2, or 3 car?		Carport? YES <input type="checkbox"/> NO <input type="checkbox"/>	Any siding on dwelling? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Swimming Pool? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, is the pool fenced? YES <input type="checkbox"/> NO <input type="checkbox"/>					Does swimming pool have a hard cover? YES <input type="checkbox"/> NO <input type="checkbox"/>				
City Limits:		Inside <input type="checkbox"/>	Outside <input type="checkbox"/> If outside, how many miles?						
Responding Fire Dept.						# of miles from your dwelling			
Is dwelling visible by 2 or more dwellings? YES <input type="checkbox"/> NO <input type="checkbox"/>				Distance in feet from fire hydrant					
How many acres on lot?				Square Footage:		Open Porch	Patio	Deck	
Does outside area have exterior kitchen, shading system, fire pit, hot tub, or fountain? YES <input type="checkbox"/> NO <input type="checkbox"/>									
Any other buildings or structures on premises? YES <input type="checkbox"/> NO <input type="checkbox"/>				If yes, please describe and give value:					
Any other properties owned? YES <input type="checkbox"/> NO <input type="checkbox"/>									
Please mark the all of the following that applies:			Slab <input type="checkbox"/>	Pier & Beam <input type="checkbox"/>	Basement <input type="checkbox"/>	Central Air <input type="checkbox"/>	Central Heat <input type="checkbox"/>		
Space Heaters <input type="checkbox"/>	# of Fireplaces <input type="checkbox"/>		Wood burning Stove <input type="checkbox"/>	# of Full baths <input type="checkbox"/>		# of Half Baths <input type="checkbox"/>	Kitchen <input type="checkbox"/>		
Built in Appliances (refrigerator, ice maker, etc.) <input type="checkbox"/>				Breakfast area <input type="checkbox"/>	Formal Dining Room <input type="checkbox"/>		Living Room <input type="checkbox"/>		
Den/Office/Study <input type="checkbox"/>		Family Room <input type="checkbox"/>		Recreation Room <input type="checkbox"/>		Laundry Room over 70 ft <input type="checkbox"/>			
Hot Water Heater:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last update?			
In the interior		or	exterior?		Gas	or	Electric?		
Raised and have drain pans/lines on them? YES <input type="checkbox"/> NO <input type="checkbox"/>									
Any other specialties?									

Built in electronic systems (i.e.: wired for broadband and/or cable access)? YES <input type="checkbox"/> NO <input type="checkbox"/> , If yes, how many rooms or entire house?	
Computer network capabilities with a central server to control lighting, temperature, security, televisions, and personal computer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is value of built in electronic systems (surround sound, televisions, etc) included in value of dwelling? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Built in vacuum system, pest control system? YES <input type="checkbox"/> NO <input type="checkbox"/>	Central Station fire and Burglary Alarm? YES <input type="checkbox"/> NO <input type="checkbox"/>
Double Key Dead Bolt Locks? YES <input type="checkbox"/> NO <input type="checkbox"/>	Wall paper in any room? YES <input type="checkbox"/> NO <input type="checkbox"/> , If so, which rooms?
Type of Flooring (hardwood, carpet, ceramic tile, etc.)?	
Do you have a trampoline? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have dogs (pit bulls) (biting history?) and/or exotic animals? YES <input type="checkbox"/> NO <input type="checkbox"/> (Including but not limited to snakes, large cats, etc.)
Do you need Flood coverage as it is not covered on a homeowner's policy? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If home is owned less than 3 years, what was your previous address?	

LOSSES

List all losses within the last 3 years, if none please indicate:

Prior Insurance Carrier	Expiration Date
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COVERAGE AMOUNTS

Dwelling: \$

Contents: \$ Include Replacement Cost? YES NO

Outside Buildings: \$

Do you have a boathouse? YES NO , If yes, is it wholly or partially over water?

Liability: \$ Is this limit including Personal Injury, office/private school/studio, Farmers' Personal Liability, Watercraft Liability, Business Pursuits, Additional premises (owned, rented, rented to others)? YES NO

Medical Payments: \$

Deductibles: Clause 1 (Wind, Hurricane, Wind Driven Rain & Hail) - \$
 Clause 2 (All other) - \$

Scheduled:	Jewelry - \$	Furs - \$	Silverware - \$	Increased money/bankcards - \$
	Guns - \$	Camera - \$	Fine Arts - \$	Miscellaneous - \$

Other Coverages:	Personal computer coverage? YES <input type="checkbox"/> NO <input type="checkbox"/>	Residence Glass? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Business Personal Property? YES <input type="checkbox"/> NO <input type="checkbox"/>	Identity theft coverage? YES <input type="checkbox"/> NO <input type="checkbox"/>

Any additional features and/or coverages needed (i.e.: wind damage on greenhouses, cloth awing, etc.)? YES NO

If so, please explain:

Do you own structures at other locations (i.e.: boat house on lake lot, barn on acreage at another location, etc.)? YES NO

If so, do you want us to extend coverage and/or liability? YES NO

Date of Quote	Name of CSR
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