



CONDOMINIUM OR TOWNHOUSE INSURANCE QUOTE (HO-6)

*** CONFIDENTIAL INFORMATION ***

HOW DID YOU HEAR ABOUT US? (CHOOSE ONE)

Ad Web Referred by (name): _____ Other: _____

| YOUR INFORMATION | | | |
|---|--|------------------------------|------------------------------|
| FIRST NAME: | | LAST NAME: | |
| PHYSICAL ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| MAILING ADDRESS (if different from physical address): | | | |
| CITY: | | STATE: | ZIP: |
| HOME PHONE: | WORK PHONE: | CELL PHONE: | |
| EMAIL ADDRESS: | | PREFERRED METHOD OF CONTACT: | |
| | | HOME PHONE | WORK PHONE CELL PHONE E-MAIL |
| OCCUPATION: | CURRENT INSURANCE CARRIER (attach copy of current insurance, if possible): | | RENEWAL DATE: |

| YOUR DWELLING INFORMATION | | |
|--------------------------------------|---|------------------|
| YEAR BUILT: | OCCUPIED BY: OWNER TENANT | SECURITY SYSTEM: |
| SPRINKLER: ALL AREAS LIMITED AREA | ANY PETS? YES NO IF YES, PLEASE SPECIFY: _____ | |
| ADDITIONAL INFORMATION: | | |

| COVERAGE | | | |
|--------------------------|--------------------|---------------------|-------------|
| DWELLING: (INSIDE WALLS) | PERSONAL PROPERTY: | PERSONAL LIABILITY: | DEDUCTIBLE: |
| \$10,000 | \$25,000 | \$300,000 | \$500 |
| \$25,000 | \$50,000 | \$500,000 | \$1,000 |
| OTHER (\$ _____) | OTHER (\$ _____) | OTHER (\$ _____) | |

| YOUR CLAIMS (LAST 3 YEARS) | |
|----------------------------|--------------|
| CLAIM DATE: | DESCRIPTION: |
| | |
| CLAIM DATE: | DESCRIPTION: |
| | |