

# HOMEOWNER INSURANCE RATE QUOTE FORM

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Property address: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

## Current Policy Information:

Insurance Company: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Annual premium: \$ \_\_\_\_\_

## Homeowner Information:

Is property inside city limits? Yes  No  If no, please provide county name: \_\_\_\_\_

Have you filed any property insurance claims in the past five years? Yes  No

Date	Description
_____	_____
_____	_____
_____	_____
_____	_____

Is your home a  single family home  condo/co-op  mobile home (not eligible for coverage)  rented apartment

## Construction Type:

- Wood/Frame < 10% Brick Veneer
- Brick, Stone, Masonry, or Concrete Block
- Fire Resistive
- Mobile Home
- Wood Frame w/ Aluminum or Plastic Siding
- Masonry Veneer 10 - 33%
- Masonry Veneer 34 - 66%
- Brick/Stone Veneer > 67%
- Log Home

Feet to fire hydrant: \_\_\_\_\_ Miles to fire station: \_\_\_\_\_

Fire district: \_\_\_\_\_

Year dwelling built: \_\_\_\_\_

Have you had a bankruptcy, foreclosure, lien, judgment or repossession in the past five years?

Yes  No

Number of units between firewalls? (Condo/Tenant only) \_\_\_\_\_

# HOMEOWNER INSURANCE RATE QUOTE FORM

## Check all Protective Devices that apply

- Fire Alarm:            Local                            Central                            Direct
- Burglar Alarm:        Local                            Central                            Direct
- Sprinkler System:    All Areas                        Living Areas                    Other (describe):
- Smoke Detectors
- Fire Extinguisher
- Dead Bolt Locks

Please attach a copy of your current policy declaration page.

In connection with your homeowners insurance quote request, a credit-related insurance score will be obtained from a consumer reporting agency. Insurance scores are based on credit history information and have been found to be extremely predictive of future insurance loss. This information and information provided by you will be used to determine your eligibility for insurance and your policy premium.

Please indicate your permission to obtain a credit-related insurance score by checking this box.



The Travelers Indemnity Company  
and its property casualty affiliates  
One Tower Square  
Hartford, CT 06183

[travelers.com](http://travelers.com)

© 2005 The St. Paul Travelers Companies, Inc. All rights reserved. SD02-Home New 7-05