

# Homeowner's, Unit-Owner's, Dwelling Insurance...

## Quick Quote Sheet

Name:		Date:	
Address:		Referred By:	
City, ST, Zip		Phone:	
Email:		Fax:	
<b>Occupant Information:</b>		Marital Status:	
Name:	DOB	SS#	Occupation

Prior Carrier Information:	
Current Insurance Company: _____	Mortgage Company Name & Address: _____
Eff Date: _____ Exp Date: _____	
Mortgagee Billed - YES / NO	
<input type="checkbox"/> <b>Include a copy of your current declarations page</b>	
Purchase Date: _____ Amount: _____	Loan / Lease #: _____

**Loss Information (prior 5 years)**

Any losses in the past 5 years? \_\_\_\_\_ Year and What type of Loss? - \_\_\_\_\_

Coverage Information:		
Dwelling Amount: \$ _____	Personal Property: \$ _____	
Liability Limit: \$ _____	Med Pay: \$ _____	Ded: \$ _____
Schedule Items (fine art, jewelry, etc.) _____		

Residence Information:			
<u>Year Built</u>	<u>Square Footage</u>	<u>Occupied By?</u> Owner / Tenant	<u>Primary Home?</u> Yes / No – Secondary / Rental
<u>Roof Composition</u>	<u>Exterior Walls</u>	<u>Heat Type</u> Gas / Electric / Other	<u># Bathrooms</u>
<u>Garage / Carport</u>	<u>Patio</u>	<u>Fireplace</u> Gas / Electric / Wood	<u>"Green"</u> (ie solar panels)

Safety Information:			
<u>Gated Community ?</u>	<u>Interior Sprinkler?</u>	<u>Fire Alarm</u>	<u>Burglar Alarm</u>
<u>Guarded Community?</u>	Full / Partial	Local / Central	Local / Central
<u>Dead Bolt Lock?</u>	Distance to Hydrant? _____	<u>Fire Extinguisher?</u>	<u>Smoke Detector?</u>

Renovations	Year	Full or Partial	Underwriting Information:	
Roof			Pool:	Yes / No
Electric			Pool Fence:	Yes / No
Heat			Self Latching Gate:	Yes / No
Plumbing			Diving Board:	Yes / No
Other:			Trampoline:	Yes / No
Other:			# Dog(s):	Bite History: Yes / No
Other:			Type of Breed(s):	

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