

**QUOTE IS FOR CHECK ONE: H03 DP3 H06 H04**

**WILL THE RESIDENCE BE USED AS A: PRIMARY RESIDENCE, SECONDARY RESIDENCE OR TENANT OCCUPIED? PLEASE LIST ONE HERE:** \_\_\_\_\_

**APPLICANT:**

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NEW PURCHASE: YES. NO.

CONTACT PHONES #'s: \_\_\_\_\_ CELL #: \_\_\_\_\_

Work # \_\_\_\_\_

EMAIL: \_\_\_\_\_

WHO IS YOUR CURRENT INSURANCE WITH: \_\_\_\_\_

DO YOU WANT TO COMBINE YOUR HOMEOWNERS WITH YOUR AUTO FOR PACKAGING CREDITS, YES NO

WHAT IS YOUR CURRENT ANNUALIZED PREMIUM: \$ \_\_\_\_\_

WHAT WILL IT TAKE FOR YOU TO CHANGE YOUR INSURANCE CO. CHECK ONE OR ALL  
BETTER COVERAGE LOWER ANNUAL PREMIUM HIGH RATED INSURANCE CO.

BETTER SERVICE

**CO-APPLICANT OR SPOUSE:**

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

CONTACT# 1: \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL: \_\_\_\_\_

**CLAIMS:**

HAVE EITHER PARTY HAD ANY PROPERTY LOSSES REPORTED TO AN INSURER WITH-IN THE PAST 3 YEARS? YES NO IF YES, DATE OF LOSS: \_\_\_\_\_

AMOUNT \$: \_\_\_\_\_

DISCRIPTION OF LOSS: \_\_\_\_\_

**CREDITS:**

\*BURGLAR ALARM? YES NO LOCAL CENTRAL DIRECT  
(PROOF BY CERTIFICATE IS REQUIRED)

\*FIRE ALARM? YES NO LOCAL CENTRAL DIRECT

\*IS HOME SPRINKLERED? YES NO IF YES, FULLY OR PARTIAL? \_\_\_\_\_

\*GATED COMMUNITY? YES NO

**UNDERWRITING:**

WILL THERE BE ANY ANIMLAS ON PREMISES? YES NO

IF YES, TYPE: \_\_\_\_\_ IF DOG, BREED: \_\_\_\_\_

ARE THERE ANY BARS ON WINDOWS? YES NO

IF YES, ARE THEY QUICK RELEASE SYSTEM? \_\_\_\_\_

**IF HOME IS OLDER THEN 30 YEARS, OR BUILT PRIOR TO 1978 UPDATES ARE REQUIRED TO QUOTE.**

IF QUOTING WITH GOLDEN BEAR AN OLDER HOME/DWELLING QUESTIONNARE IS REQUIRED.