

SINGLE SOURCE BENEFITS, INC.

Request for Homeowner Price Quotation

Name of Current company _____ Date present insurance expires: _____

FULL NAME		HOME PHONE NO. ()	
STREET ADDRESS		BUSINESS PHONE NO. ()	
SOCIAL SECURITY #	BIRTH DATE	OCCUPATION	MARITAL STATUS
YEAR HOME WAS BUILT	DISTANCE TO FIRE DEPT.	DISTANCE TO HYDRANT	CONSTRUCTION TYPE (Brick or Frame)
PRIMARY SOURCE OF HEAT	NUMBER OF STORIES	SQUARE FOOTAGE OF DWELLING	# OF BATHROOMS
IF THE DWELLING IS MORE THAN 25 YEARS OLD, GIVE THE YEAR OF THE MOST RECENT UPDATE TO:			
Roof -	Furnace -	Electrical System -	Plumbing -

FROM YOUR CURRENT HOMEOWNER POLICY, PLEASE PROVIDE THE FOLLOWING COVERAGE INFORMATION:	
Coverage A, Dwelling	\$
Coverage B, Appurtenant or Other Structures	\$
Coverage C, Contents or Personal Property	\$
Coverage D, Loss of Use	\$
Coverage E, Personal Liability	\$
Coverage F, Medical Payments to Others	\$
Deductible	\$

COMPLETE THE FOLLOWING:	YES	NO
Smoke Detector?	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>
Deadbolts?	<input type="checkbox"/>	<input type="checkbox"/>
Burglar Alarms, if any	Central <input type="checkbox"/>	or Local <input type="checkbox"/>
Do you conduct business on the premises	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a trampoline, skateboard ramp or bicycle jump?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a swimming pool?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dwelling vacant, unoccupied or for sale?	<input type="checkbox"/>	<input type="checkbox"/>
Describe any supplemental heating source (woodburner, etc.)		
Any Garages? Attached <input type="checkbox"/> Detached <input type="checkbox"/> Integral <input type="checkbox"/> Number of stalls:		
Do you own a dog? If so, breed? Has the dog ever bitten or injured?		

LOSSES	HAVE YOU HAD ANY HOMEOWNER LOSSES WITHIN THE PAST 5 YEARS?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE GIVE DETAILS BELOW.	
DATE	DETAILS	AMOUNT PAID

HAVE YOU EVER HAD YOUR HOMEOWNER INSURANCE DECLINED, CANCELLED OR NON-RENEWED?	
<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE GIVE DETAILS BELOW.	
DATE	DETAILS

THIS FORM IS A REQUEST FOR A QUOTATION, NOT AN INSURANCE POLICY.

The quote is based on the information provided and could change after further review of driving record and applicable information.