



ALEXANDER EDDY
INSURANCE AND
FINANCIAL SERVICES

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INSURANCE • FINANCIAL SERVICES • EMPLOYEE BENEFITS • RISK MANAGEMENT

Homeowner's Quote Form

Named Insured: _____

Property Location: _____

How long at this address: _____

Year Built: _____ Year Purchased: _____ Sq. Footage: _____

of Bedrooms: _____ # of Bathrooms: _____ # of Stories: _____

Animals: _____ Trampoline: Yes No Occupation: _____

Business conducted from home?: Yes No Attached garage? Yes No # of Cars: _____

Foundation: Raised Slab Other: _____ Type of Roof: Composition Tile Other: _____

Type of Plumbing: Copper Galvanized Type of Electrical: Circuit breakers Fuses

Updates / Service / Repairs within 10 years: Roof _____ Plumbing _____ Electrical _____

Heating _____

Brush: Yes No Miles to Fire Station: _____ Feet to fire hydrant: _____

Flooding / Water Leakage: _____

Swimming Pool / Jacuzzi / Hot Tub / Spa: Yes No Is it fenced? Yes No

Alarm: Yes No Fire / Theft: _____ Central / Local: _____ Smoke Detector: Yes No

Dead bolts: Yes No Wood Floors: Yes No Central Air Conditioning: Yes No

Attached Deck: Yes No Square Footage of deck: _____ # of Fireplaces _____

In the last 5 years have you had any property losses? Yes No

If yes, what kind of losses: _____

Have you purchased a homeowners, condominium owner's or renter's policy?: Yes No

Prior Insurance Carrier: _____

Applicant's Signature: _____ Date: _____

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