

WEST PARK  INSURANCE
HOMEOWNERS QUOTE FORM

RETIRED: YES/NO
PARSE: YES/NO

DATE: _____ REFERRED BY: _____

NAME INSURED(S): _____

ADDRESS: _____ PHONE: (H) _____

(W) _____

(C) _____

EMAIL ADDRESS: _____

YEAR HOME BUILT _____ HOME VALUE: _____ TOTAL LIVING SPACE _____ SQ. FT.

STYLE OF HOME: CAPE COD COLONIAL CONDO COTTAGE RANCH ROW HOUSE

TOWNHOUSE VICTORIAN

PURCHASE DATE: _____

DWELLING TYPE: ONE FAMILY TWO FAMILY

DWELLING USE: PRIMARY SECONDARY SEASONAL

KITCHEN: BASIC CUSTOM DESIGNER

BASEMENT: YES NO Full Bsmt _____ % if Partial _____

FINISHED BASEMENT? YES NO, IF YES, SQ.FT. _____

IS THERE AN ELECTRICAL CIRCUIT BREAKER? YES NO

SLAB or CRAWL SPACE

NUMBER OF STORIES: _____ NUMBER OF BATHROOMS: _____ # of Full Baths _____ # of half _____

INSIDE CITY LIMITS: YES NO MILES FROM FIRE STATION: _____ FT FROM FIRE HYDRANT: 1-500

501-600 601-1000 1000-UP

NAME OF FIRE PROTECTION PROVIDER: _____

GARAGE: ATTACHED/1 CAR ATTACHED/2 CARS DETACHED/1 CAR DETACHED/2 CARS

CARPORT/1 CAR

CARPORT/2 CAR

CONSTRUCTION TYPE: ALUMINUM/VINYL BRICK MASONRY BRICK VENEER FIRE RESISTIVE FRAME

ROOF TYPE:

ARCHITECTURAL SHINGLE

FIBERGLASS

ROCK

TILE/CLAY

ASBESTOS

FOAM

ROLLED PAPER/FLAT

TILE/CONCRETE

ASPHALT SHINGLES

GRAVEL

ROLLED PAPER/PITCHED

TILE/SPANISH

COMPOSITION

METAL/FLAT

RUBBER/FLAT

TIN/FLAT

COPPER/FLAT

METAL/PITCHED

RUBBER/PITCHED

TIN/PITCHED

COPPER/PITCHED

MINERAL FIBER SHAKE

SLATE

WOOD FBGLS SHINGLE

CORRUGATED/FLAT

PLASTIC/FLAT

TAR

WOOD SHAKE

CORRUGATED/PITCHED

PLASTIC/PITCHED

TAR & GRAVEL

WOOD SHINGLES

ANY LOSSES IN THE LAST 3 YEARS: YES NO, IF YES, THAN DATE OF LOSS _____

AMOUNT PAID \$ _____ DESCRIBE LOSS: _____

RENOVATION INFORMATION:

WIRING: NO PARTIAL UPDATE COMPLETE UPDATE YEAR _____

PLUMBING: NO PARTIAL UPDATE COMPLETE UPDATE YEAR _____

HEATING: NO PARTIAL UPDATE COMPLETE UPDATE YEAR _____

ROOF: NO PARTIAL UPDATE COMPLETE UPDATE YEAR _____

HEATING SOURCE: ELECTRIC GAS GAS – FORCED AIR GAS – HOT WATER
 OIL – FORCED AIR OIL – HOT WATER SOLID FUEL OTHER

DO YOU HAVE A WOOD BURNING STOVE? YES NO

DO YOU HAVE: A DOG A TRAMPOLINE A SWIMMING POOL

IF YES: IN GROUND W/SLIDE IN GROUND W/O SLIDE

ABOVE GROUND ABOVE GROUND W/ SLIDE

FENCED: YES NO

DO YOU RUN A BUSINESS FROM HOME: YES NO

PERSONAL LIABILITY COVERAGE:

\$100,000 \$200,000 \$300,000 \$400,000 \$500,000

MEDICAL PAYMENTS:

\$1,000 \$2,000 \$3,000 \$4,000 \$5,000

DEDUCTIBLE:

1% of Housing Value \$250 \$500 \$1,000 \$2,000 \$2,500 \$3,000 \$4,000 \$5,000

PROTECTIVE DEVICES:

CHECK ALL THAT APPLY NON-SMOKER VISIBLE TO NEIGHBOR GATED COMMUNITY

LIMITED ACCESS COMMUNITY

SMOKE DETECTORS: YES NO

FIRE EXTINGUISHER: YES NO

DEAD BOLT LOCK: YES NO

BURGLAR ALARM: LOCAL DEPARTMENT CENTRAL

FIRE ALARM: LOCAL DEPARTMENT CENTRAL

SPRINKLER SYSTEM: ALL AREAS MOST AREAS

ADDITIONAL COVERAGES:

This represents the most popular choices. Our representative can discuss the many additional coverage's to meet your specific needs. (Check all that apply)

EARTHQUAKE IDENTITY FRAUD EXPENSE SINKHOLE COLLAPSE WATER BACKUP

WATERCRAFT LIABILITY

NAME OF CURRENT CARRIER _____ **POLICY PREMIUM** _____

EFFECTIVE DATE (NEW POLICY) _____ **EXPIRATION DATE (OLD POLICY)** _____

MORTGAGE? YES NO

If you have any additional questions, please provide them in the space below, and a West Park Agent will contact you soon.