



**The Mitchell Agency**  
Home~Auto~Life~Business

# Home Insurance Quote Sheet

|                                                                                                               |     |                                       |    |
|---------------------------------------------------------------------------------------------------------------|-----|---------------------------------------|----|
| <b>Property address to be insured:</b>                                                                        |     |                                       |    |
| <b>Previous address if this is a new purchase:</b>                                                            |     |                                       |    |
| <b>Personal Residence or Rental Property</b>                                                                  |     | <b>Porch, Patio, or Wood Deck</b>     |    |
| <b>If rental, is it tenant occupied or vacant?</b>                                                            |     | (Circle all that apply)               |    |
| <b>Year the Home was built</b>                                                                                |     | <b>Is it screened in?</b>             |    |
| <b>Approximate Square Footage</b>                                                                             |     | <b>Monitored Alarm System</b>         |    |
| <b>How many bathrooms?</b>                                                                                    |     | <b>Local Alarm</b>                    |    |
| <b>Outside of home (Brick, Vinyl, Wood)</b>                                                                   |     | <b>With who? (monitoring company)</b> |    |
| (More than 1 may apply)                                                                                       |     | <b>Current Dwelling Coverage</b>      |    |
| <b>Number of stories for the home?</b>                                                                        |     | (or purchase price)                   |    |
| <b>Is there a garage or carport?</b>                                                                          |     | <b>Purchase/Closing/Renewal Date</b>  |    |
| <b>How many cars does it hold?</b>                                                                            |     | <b>Is there a Basement</b>            |    |
| <b>Is it attached or detached?</b>                                                                            |     | Can you exit from the basement?       |    |
| <b>Is there a swimming pool?</b>                                                                              |     | Is it finished?                       |    |
| <b>Does it have a diving board or slide?</b>                                                                  |     | <b>Is there a trampoline?</b>         |    |
| <b>In-ground or above?</b>                                                                                    |     | <b>Is it fenced or netted?</b>        |    |
| <b>Is the pool fenced in?</b>                                                                                 |     |                                       |    |
| <b># of Fireplace</b>                                                                                         |     | <b>Current Insurance Carrier</b>      |    |
| <b>Slab or Crawlspace Foundation</b>                                                                          |     | <b>Current Deductible</b>             | \$ |
| <b># of Children &lt;18 in Household</b>                                                                      |     | <b>Current Premium</b>                | \$ |
| <b>Any claims in last 5 years</b>                                                                             | 1.) |                                       |    |
| (If so when and what type of claim)                                                                           | 2.) |                                       |    |
|                                                                                                               | 3.) |                                       |    |
| <b>Are there any dogs on premises?</b>                                                                        | 1.) |                                       |    |
| Yes or no (circle one) If so, please list breeds:                                                             | 2.) |                                       |    |
|                                                                                                               | 3.) |                                       |    |
| <b>Have any updates been completed on the home?</b>                                                           |     |                                       |    |
| Please include the year if applicable. Roof _____ Electric _____ AC/Heat _____ Plumbing _____                 |     |                                       |    |
| <b>What style/shape roof does the home have?</b> Gable or Hip or Flat                                         |     |                                       |    |
| <b>Is there a MORTGAGE on the home?</b>                                                                       |     |                                       |    |
| 1) Is the home currently escrowed?                                                                            |     |                                       |    |
| 2) Who is the mortgage company?                                                                               |     |                                       |    |
| 3) What is the loan number?                                                                                   |     |                                       |    |
| <b>REMINDER: When a home policy is issued the carrier will perform an exterior inspection on the property</b> |     |                                       |    |

|                       |  |                       |  |
|-----------------------|--|-----------------------|--|
| <b>Owner's Name:</b>  |  | <b>Co-Owner:</b>      |  |
| <b>Occupation:</b>    |  | <b>Occupation:</b>    |  |
| <b>SSN:</b>           |  | <b>SSN:</b>           |  |
| <b>Date of Birth:</b> |  | <b>Date of Birth:</b> |  |
| <b>Phone:</b>         |  | <b>Phone:</b>         |  |
| <b>Email:</b>         |  | <b>Email:</b>         |  |