

IMS/Connect
DWELLING PROGRAM INSURANCE QUOTE (DP)

NAME: _____

PHONE #: _____ EMAIL: _____

PROP. ADDRESS: _____

MAILING ADDRESS IF DIFFERENT: _____

SS #: _____ DOB: _____

Year of Construction	Construction Type	Square Footage	# Stories	Primary or Seasonal	Primary Heat	Bedrooms Bathrooms	# Cars Garage
_____	_____	_____	_____	_____	_____	____/____	_____

Roof Type	Age of Roof	Shape Roof	Hurricane Shutters	Alarm/Fire System	Screened Patio (size)	Open Golf/ Patio (size)	Boat
_____	_____	_____	_____	_____	_____	_____	_____

Swimming Pool	Diving	Slide	Trampoline	More than 5 acres	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

AGE MORE THAN 25? _____ PLUMBING _____ ELECTRIC _____ HEAT A/C _____ ROOF _____ 4 POINT INSPECTION? _____

ANIMALS: _____ BITE HISTORY? _____

ANY SCHEDULED ITEMS: _____

CURRENT INS. CO.? _____ EXPIRATION DATE: _____

CLAIMS / LOSSES REPORTED? _____

FLOOD INSURANCE COMPANY: _____

CURRENT MORTGAGE CO / ADDRESS / LOAN: _____

CURRENT OCCUPATION: _____

ANY BUSINESS CONDUCTED AT HOME? _____

FAIR RENTAL VALUE: _____ DO YOU WANT ACTUAL VALUE OR REPLACEMENT VALUE: _____

DO YOU WANT: EXTENDED COVERAGE: _____ VANDALISM: _____ FLOOD: _____

HOW DID YOU HEAR ABOUT US? / REFERRAL SOURCE: _____

INFO TAKEN BY: _____ DATE: _____

ASSIGNED TO: _____