

Garrett Insurance Agency Inc. Property Quote Sheet

RENTERS _____ CONDO _____ DWELLING _____ DWELLING FIRE _____

DATE: _____ DAYTIME NUMBER OR EMAIL: _____

INSURED FULL NAME: _____

DOB: _____ SS#: _____

SPOUSE/CO OWNER FULL NAME: _____

SPOUSE/CO OWNER DOB: _____ SS#: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

PROPERTY ADDRESS IF DIFFERENT THAN MAILING: _____

CITY, STATE & ZIP: _____

YEAR BUILT: _____ BRICK: _____ FRAME: _____

BASEMENT/FINISHED : _____ CRAWL _____ SLAB _____

OF STORIES _____ #UNITS/APTS/CONDOS _____

HEAT SOURCE: FURNACE ___ FIREPLACE ___ WOOD BURNING STOVE _____

MORTGAGE ON HOME: YES _____ NO _____

SWIMMING POOL: YES _____ NO _____ FENCED IN: YES _____ NO _____

TRAMPOLINE: YES _____ NO _____ # OF DOGS: _____ BREED _____

CURRENT COVERAGES:

DWELLING: _____ DEDUCTIBLE _____

LIABILITY : _____ MEDICAL _____

PRIOR INS. CARRIER: _____ HOW LONG: _____

ANY PRIOR CLAIMS LAST 5YRS: _____

HOW DID YOU HEAR ABOUT OUR AGENCY: _____ PROT CLASS: _____

IS HOME OCCUPIED OR WILL BE WITHIN 1 WEEK OF CLOSING? _____