

Residential Insurance Quotation Worksheet

Email this completed form to: pld@dibu.com or FAX to (559) 431-7941

Policy Type [] HO3 [] Dwelling Fire [] Renters HO4 [] Condo HO6

Name Insured: _____

Property Address: _____

Street City State ZIP

Mailing Address: _____

Street City State ZIP

Contact Person: _____

Name email Phone

Applicant

Co-Applicant:

Occupation: _____

Date of Birth: _____

Dwelling Amount	\$ _____	Year Built	_____
Other Structures	\$ _____	Sq Ft./#Stores	_____ Sq'/_____
Personal Property	\$ _____	Construction Type	Tract Semi Cust. Cust. Delux
Additional Living	\$ _____	Foundation Type	Slab Crawl Space Basement
Deductible	\$ _____	Garage: _____	# Cars__ Attached: Y N
Liability	\$ _____	Roof Type: _____	Age__ Replaced: Y N
Medical Payments	\$ _____	# Bedrooms/Bathrm	_____/_____
Scheduled Items	\$ _____	Heat &AC Type	_____
Solar Panels	Owned Leased	Fireplace	Yes # # No
Gated Community	Y N 24Hr Guard Y N	Woodstove	Yes No
Interior Sprinklers	Full Partial	Pool Yes No	Fenced Yes No
Burglar Alarm	None Local Central	Diving Board/slide	Yes No
Fire Alarm	None Local Central	Trampoline	Yes No
Fire Hydrant/Station	#Feet__ #Miles__	Pets: # Breed_____	Yes No

Updates for Homes over 25 Years old – Need Dates of Updates

Wiring	_____	Roof Type and Age	_____
Circuit Breakers	_____	Plumbing	_____
Heating	_____	Galvanized Pipes	Yes No
Golf Carts	Yes No	Synthetic Lawn	Yes No

Claims History

Year/Type _____

Current Carrier: _____ Renewal Date: _____

Supporting Business

Auto Ins Y N Umbrella Y N Dwelling Fire Y N Commercial Y N Life/Health Y N

Additional Remarks: _____

Producer: _____ Date Needed BY: _____