

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

Please provide previous address if you have moved within the last three years.

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	Y	#	N
Gated Community	Y N 24Hr Guard Y N	Woodstove	Y		N
Interior Sprinklers	Full Partial	Pool Y N	Fenced Y		N
Burglar Alarm	None Local Central	Diving Board/slide	Y		N
Fire Alarm	None Local Central	Trampoline	Y		N
Fire Hydrant/Station	#Feet ___ #Miles ___ #Pets ___ Breed _____		Y		N
Does the home have additional Insured's, Trust, LLC, etc.?			Y		N

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

Wiring	_____	Roof Type and Age	_____		
Circuit Breakers	_____	Plumbing	_____		
Heating	_____	Galvanized Pipes	Y		N
Golf Carts	Y N	Synthetic Lawn	Y		N

Claims History

Year/Type _____

Current Carrier: _____ Renewal Date: _____

Supporting Business

AutoIns Y N Umbrella Y N Dwelling Fire Y N Commercial Y N Life/Health Y N

Additional Remarks: _____

Producer: _____ Date Needed By: _____