

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

Do you have any additional parties to be listed, such as a Trust, LLC, etc.?

Do you have any Domestic Employees that would need to be listed on the policy, such as a Housekeeper, Nanny, Caregiver, etc.?

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

Claim 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: _____