

# HOMEOWNERS QUOTE FORM

Date: \_\_\_\_\_

**Sawyer Insurance Services**  
**Ph: 972-496-6510**  
**Fax: 972-496-6381**  
[siservices@verizon.net](mailto:siservices@verizon.net)

QUOTE  
 ISSUE POLICY

**Fax to: 972-496-6381**  
**Email to: [siservices@verizon.net](mailto:siservices@verizon.net)**  
**Mail to: Sawyer Insurance Services**  
**3110 Pecan Meadow**  
**Garland, TX 75040**

NAME: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

SS#: \_\_\_\_\_

SS#: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WORK #: \_\_\_\_\_

WORK #: \_\_\_\_\_

CELL #: \_\_\_\_\_

CELL #: \_\_\_\_\_

HOME #: \_\_\_\_\_

FAX #: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIOR ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

DWELLING AMOUNT: \$ \_\_\_\_\_ CONTENTS: \$ \_\_\_\_\_ DEDUCTIBLES: #1 \_\_\_\_\_ #2 \_\_\_\_\_

YR BUILT: \_\_\_\_\_ ROOF TYPE: Composition, Tile/Slate, Wood, Other ROOF AGE: \_\_\_\_\_ # LAYERS: \_\_\_\_\_

SQ. FT.: \_\_\_\_\_ # STORIES: \_\_\_\_\_ CONSTRUCTION: Brick Veneer, Solid Brick, Frame, Asbestos/Stucco, Other

# FIREPLACES: \_\_\_\_\_ BATHS: # FULL \_\_\_\_\_ # 1/2 \_\_\_\_\_ HEAT TYPE: \_\_\_\_\_

GARAGE: Attached, Detached, Carport GARAGE: 1Car, 2 Car, 3 Car USAGE: Primary, Secondary, Seasonal, Rental

YEAR UPDATED: Heating \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Exterior Paint \_\_\_\_\_ Roof \_\_\_\_\_

INSIDE CITY LIMITS OF: \_\_\_\_\_ COUNTY: \_\_\_\_\_ RESPONDING FIRE DEPT: \_\_\_\_\_

DISTANCE TO FIRE STATION: \_\_\_\_\_ DISTANCE TO & TYPE OF WATER SOURCE (Hydrant, pond, etc): \_\_\_\_\_

MONITORED BURGLAR ARLARM: YES or NO FIRE/SMOKE: YES or NO MONITORING COMPANY: \_\_\_\_\_

DEAD BOLT: YES or NO FIRE EXT.: YES or NO DOGS: YES or NO TYPE & #: \_\_\_\_\_

BANKRUPTCY IN LAST 10 YEARS: YES or NO ANY BUSINESS CONDUCTED ON PREMISES? YES or NO \_\_\_\_\_

POOL: YES or NO DIVING BOARD: YES or NO SLIDE: YES or NO TRAMPOLINE: YES or NO GATED COMMUNITY: YES or NO

CLOSING / PURCHASE DATE: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

MORTGAGE INFO: \_\_\_\_\_ PHONE# \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ LOAN # \_\_\_\_\_

\*\* CURRENT INSURANCE CARRIER: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

\*\* HOW LONG HAVE YOU HAD CONTINUOUS AUTO COVERAGE WITH OUT A LAPSE: \_\_\_\_\_

REMARKS: LIST ALL ACCIDENTS, TICKETS & CLAIMS FOR THE LAST 5 YEARS: (*Please list date, details & amount paid*)