



RANDIG INSURANCE AGENCY, LLC

HOME / DWELLING FIRE QUOTE FORM

Referred by _____ Producer _____ Date _____

Name _____ Phone _____

2nd Name Insured _____ Email _____

DOB _____ Social Security _____ Occupation _____ Education Level _____

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Current Address _____ City _____ State _____ Zip _____

Property Address _____ City _____ State _____ Zip _____

Current Insurance Carrier _____ Expires _____

Dwelling Amount _____ Deductible _____

Any Prior Losses? Yes No _____ If yes, please explain. _____

New Home Purchase Yes No If yes, please give close date _____

Information on Quote Property

Single Family Duplex Other _____ Occupancy _____ Construction _____

Year Built _____ Sq Ft _____ Stories _____ Roof Type _____ Roof Year _____ Foundation _____

Check all that apply:

Swimming Pool Fenced Diving Board Slide

Monitored Alarm Dogs, Breed _____ Trampoline In Home Business, Type _____

Distance to fire Department _____ Distance to fire hydrant _____

Number of Bathrooms _____ Number of Fireplaces _____ Central Heating: Yes No Flooring _____

Garage: Attached Detached Number of Cars _____

Update Info: Check all that apply and brief description:

Heat _____ Wiring _____ Plumbing _____ Roof _____

Mortgage 1

Name _____

Address _____

Loan Number _____

Mortgage 2

Name _____

Address _____

Loan Number _____

Escrow Bill _____ Mortgage Contact Name _____

Phone Number _____ Email _____

Notes: