



**\*\*\*FAX BACK SITE BUILT QUOTE\*\*\***

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

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

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

**APPLICANT INFO: (required)**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

**POLICY TYPE**

Owner                      Rental  
 Seasonal                    Vacant Dwelling  
 Vacant Manufactured Home

**RISK INFO:**

LOCATION ADDRESS: \_\_\_\_\_

WOODSTOVE: Y / N                      P.C. \_\_\_\_\_

LOSSES WITHIN LAST 3 YEARS: Y / N (if Y, please attach an explanation)

**READ TO CLIENT!!!** Mark this box after reading statement to client>>>>>  In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. We may also obtain loss history and other consumer reports using a third party. The above information may be used to develop your premium or to determine your eligibility for insurance.

TYPE OF COVERAGE	LIMIT OF COVERAGE	PREMIUM
DWELLING (MAX \$300,000)		\$
PERSONAL PROPERTY (ACV)		\$
ADJACENT STRUCTURES		\$
LIABILITY LIMITS / MEDICAL PMTS		\$
V&MM (MUST BE 100% OF DWELLING LIMIT) INCL. IN VACANT, DP-3 and HO-10		\$
REPLACEMENT COST / FULL REPAIR COST ON PARTIAL LOSSES (ACV)		\$
OTHER		\$
OTHER		\$
DEDUCTIBLE CREDIT		\$
INSPECTION FEE / POLICY FEE		\$
<b>Company Quoted:</b> _____	<b>EXPECTED TOTAL PREMIUM</b>	\$

This is a quote and is for informational purposes only. This is NOT a guarantee of coverage. All underwriting questions, company rules and binding are subject to review.

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