ASSURED
INSURANCE GROUP
PERSONAL LINES | HOME

CoVerica
Agency Alliance

HOMEOWNERS INSURANCE QUOTE REQUEST FORM

Complete applicable questions. Attach current declarations pages when available.

APPLICANT AND CURRENT INSURANCE

Applicant full name

Date of birth

Spouse / co-applicant name

Spouse date of birth

Phone number

Email address

Property / insured location address

Mailing address (if different)

Current insurance carrier

Policy expiration date

Current annual premium

Requested policy effective date

PROPERTY INFORMATION

Year built

Living area (square feet)

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Complete applicable questions. Attach current declarations pages when available.

Construction type

Number of stories

Year roof installed

Roof material / condition

Garage type / capacity

Mortgage company (if applicable)

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Complete applicable questions. Attach current declarations pages when available.

OCCUPANCY AND SAFETY

Property occupancy

☐ Primary ☐ Secondary ☐ Rental ☐ Vacant ☐ Other

Any pool, trampoline, or other liability exposure?

☐ Yes ☐ No

If yes, describe

Protective devices

☐ Smoke detectors ☐ Burglar alarm ☐ Fire alarm ☐ Sprinklers

Heating / cooling system

Recent electrical / plumbing / HVAC updates

CURRENT / DESIRED COVERAGE

Current Coverage A (dwelling)

Personal property coverage requested

Wind / hail deductible

Other-perils deductible

Jewelry / valuables / other scheduled property

Home claims in the past 5 years?

☐ Yes ☐ No

HOMEOWNERS INSURANCE QUOTE REQUEST FORM

Complete applicable questions. Attach current declarations pages when available.

If yes, date / type / amount of loss

Current policy documentation

☐ Declarations page attached ☐ Not available

Rental, short-term rental, vacant and other non-owner-occupied properties may require a different form.

Providing this information does not bind insurance coverage.