



## Homeowners Quote Form

Cedar City  
 239 S Main #300  
 Phone: 586-2211  
 Fax: 586-4462

St. George  
 437 S Bluff #301  
 Phone: 652-1400  
 Fax: 674-3183

[cis@certifiedinsurance.net](mailto:cis@certifiedinsurance.net)

Date: \_\_\_/\_\_\_/\_\_\_ Proposed Effective Date: \_\_\_/\_\_\_/\_\_\_ Source: \_\_\_\_\_ Producer \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long at Present? \_\_\_\_\_ If under 3 years Prior Address \_\_\_\_\_

Own Home? Y / N Prior Ins: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Cancel Date: \_\_\_/\_\_\_/\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Occupation: \_\_\_\_\_

2<sup>nd</sup> Named Insured \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Reason for new Insurance \_\_\_\_\_ Course of Construction? Y / N Completed Date \_\_\_/\_\_\_/\_\_\_

Yr of Const.		Mobilehome? Y / N	Manufactured Y / N
Type of Construction?	Frame	Brick	
Substructure?	Basement	Slab	Crawl Space
Exterior covering?		Synthetic Stucco?	
Ground SqFeet			Updates over 30 years
Total Basement SqFt		% comp _____	Electrical
Roof Type			Heat
Bedrooms			Plumbing
Bathrooms			Roof
# of Stories			
Garage? # Car? _____	Detached	Attached	Built In
Carport? # Car? _____			
Porches / Patios/ Decks	sq ft		Occupancy
Type of heating system			Owner
Air Conditioning? /Type?			Rental
Trampoline		Fenced?	Secondary/Seasonal
Swimming Pool? Hot Tub?		Fenced?	
Pets	Type?	Deadbolt? Y / N	Claims in the Past 5yrs
Wood Burning Stove?		Fire Extinguisher? Y / N	
Fireplace Y/N	Type?	Smoke Detectors? Y / N	
Business Exposure? Y / N	Type?	Acres? _____	
How far from Hydrant ?	feet	Non-Smoker Y / N	
Fire Station Road Miles		Alarm Y / N	
Mortgage Y / N	Escrowed		
Loan #:		Dwelling A	
Mortgage address		Liability	
		Medical Payments	
		Deductible	