

Eustace L. Greaves Jr., LUTCF
TBA The Bridge Insurance Agency
PROPERTY INSURANCE QUOTE WORK SHEET

Date ___/___/___ Referred By _____

Name _____ DOB ___/___/___ Soc Sec# _____-_____-_____

Occupation _____ Yrs. _____ Employer _____

Name _____ DOB ___/___/___ Soc Sec# _____-_____-_____

Occupation _____ Yrs. _____ Employer _____

Address _____

Home Tel: (_____) _____ - _____ Bus. Tel: (_____) _____ - _____ Cell: (_____) _____ - _____

Email: _____

Location Of Property _____

Effective Date ___/___/___ New Purchase [] Currently Owned []

Purchase Price \$ _____ Mortgage Amount \$ _____ Interest Rate _____ Term 30 [] 15 []

Construction: Year Built _____ # of Families _____ # of Stories _____ Sq. Footage/Floor _____

Row House [] Dwelling [] Apartment [] Condo / Co-Op [] Brownstone [] Brick [] Frame []

Frame with Brick Foundation [] Masonry Veneer [] Siding [] Attached [] Semi-Detached []

Fully Detached [] Within City Limits [] Within Fire District [] Fire Resistive [] Sprinkler System []

Distances: From Water _____ From Nearest Fire Hydrant _____ From Nearest Fire Station _____

Roof: Flat [] Pitched [] Combination []

Material: Tar Paper [] Clay Tile or Slate [] Asphalt Tile [] Other []

Protective Devices: Burglar / Fire Alarm [] Local [] Central [] Direct [] Dead Bolt Locks [] Fire Extinguishers []

Battery Smoke Detectors [] Hard-Wired Smoke Detectors []

Structural Upgrades:

Roof: Complete [] Partial [] Year _____ Contractor _____ Self _____

Plumbing: Complete [] Partial [] Year _____ Contractor _____ Self _____

Electrical: Complete [] Partial [] Year _____ Circuit Breakers [] # of amps: _____ Contractor _____ Self _____

Heating: Complete [] Partial [] Year _____ Heating Type: Gas [] Oil [] Steam [] Wood Stove []

Pets: Type, Breed and number of each: _____ Any bite history? _____

Any evidence of mold, water-damaged interior walls, plumbing leaks, bare wires, faulty or inoperative outlets, etc? Yes [] No []

Previous Carrier: _____ Policy Number: _____ Expiration Date ___/___/___

Losses: Date ___/___/___ Amount \$ _____ Type : _____

Mortgagee Clause _____

Loan # _____ Bill Mortgage Co. [] Bill Insured [] Single Payment []

Mortgage Lender Contact Person _____ Tel # (_____) _____ - _____

Buyers Attorney _____ Tel # (_____) _____ - _____

Real Estate Broker _____ Tel # (_____) _____ - _____