

# McMullen Insurance Homeowners Quote

By answering these few simple questions about your home, we will be able to provide you with the insurance premium that best suits your needs. Please fax to 775-738-0637

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Occupied by \_\_\_\_\_ Have you filed for Bankruptcy Yes  No  Year \_\_\_\_\_

Construction Type: Frame  Masonry  Masonry Veneer  Vinyl Siding  Aluminum Siding  Other

Lot Size \_\_\_\_\_ Other Buildings \_\_\_\_\_

Is Home used for Business purposes, explain Lot Size \_\_\_\_\_

Other buildings on property \_\_\_\_\_

Year Built \_\_\_\_\_ # of Rooms \_\_\_\_\_ # of Baths (full) \_\_\_\_\_ # of Baths (half) \_\_\_\_\_ # of Stories \_\_\_\_\_

Square Footage \_\_\_\_\_ Basement Sq. Ft. \_\_\_\_\_ Finished Yes  No  Floor #1 \_\_\_\_\_ Floor #2 \_\_\_\_\_

Utility Room Yes  No  Attic Yes  No  Mudroom Yes  No  Foyer Yes  No  Office Yes  No

Other Yes  No  \_\_\_\_\_

Garage 1 Car  2 Car  3 Car  4 Car  AND Detached  Built-in  Other  \_\_\_\_\_

Type of Roof \_\_\_\_\_ Year \_\_\_\_\_ Decks sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_ Enclosed Yes  No

Fuel Type: Gas  Oil  Electric  Propane  Solar  Coal  Wood  Other  \_\_\_\_\_

Stove Yes  No  Type: Wood  Pellet  Gas  Fireplace: # of Chimneys \_\_\_\_\_ # of Hearths \_\_\_\_\_

Air Conditioning : Evaporative \_\_\_\_\_ Central \_\_\_\_\_ Other \_\_\_\_\_

Heating System: \_\_\_\_\_

Year Replaced:

Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roof \_\_\_\_\_ Exterior \_\_\_\_\_

# of Outside Corners \_\_\_\_\_ Speciality Rooms \_\_\_\_\_

Dead Bolts on exterior doors Yes  No  Smoke Alarms Yes  No  How Many and what rooms \_\_\_\_\_

Security System Yes  No  Type \_\_\_\_\_ Fire Extinguishers Yes  No  Types \_\_\_\_\_

Present Insurance Co. & Expiration Date \_\_\_\_\_

Claims within past three years - explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Distance to Fire Hydrant 0 - 1000 feet  1000 feet - 2 miles  2 miles - 5 miles

Distance to Fire Station 0 - 2 miles  2 miles - 5 miles  over 5 miles

Amount of Insurance Requested \$ \_\_\_\_\_

Preferred Deductible \$100  \$250  \$500  \$1,000  Total amount of personal property \$ \_\_\_\_\_