



Homeowners (HO-3) Quote Request

Fax to 1-888-767-0826

Owner Occupied Values \$85,000 - \$750,000

Requested Effective Date ____/____/____ ***BINDING AUTHORITY IS LIMITED TO GRAND GENERAL!***

Customer Name	
Date of Birth ____/____/____	
Location Address	
City, State, Zip	
Agency Name	Code
Agent	
Fax #	Phone #
Protection Class:	Year Built (1900 and newer) # of Stories
Square Feet:	Purchase Date
Construction	Circuit Breakers <input type="checkbox"/> Yes <input type="checkbox"/> No (not eligible)
	# of Families <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Frame <input type="checkbox"/>	# of Attached Garage Stalls
Masonry / Brick <input type="checkbox"/>	# of Attached Carports
Supplemental Heating Device	Plumbing System <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Excellent
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Fireplaces	Any Plumbing Leaks <input type="checkbox"/> Yes <input type="checkbox"/> No
Protective Devices	Any Animals? <input type="checkbox"/> Yes* <input type="checkbox"/> No
	*If YES list type/breed
	Trampoline <input type="checkbox"/> Yes (not eligible) <input type="checkbox"/> No
	Deductible <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
Smoke Alarms, Fire Extinguisher & Deadbolt Locks <input type="checkbox"/>	Current Insurance? (not req'd for new purchase) <input type="checkbox"/> Yes <input type="checkbox"/> No
Burglar Alarm <input type="checkbox"/>	Prior Company
Fire Alarm <input type="checkbox"/>	Expiration/Cancel Date
Indoor Sprinkler System <input type="checkbox"/>	

Coverages	Limits
Dwelling	
Other Structures	
Personal Property	
Loss of Use	
Liability	<input type="checkbox"/> \$100K <input type="checkbox"/> \$300K <input type="checkbox"/> \$500K
Medical Payments	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000
Inflation Guard (5% incl.)	<input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10%
Credit Card Limit (\$1,000 incl. - \$10,000 max)	
Loss Assessment (\$2,000 incl. - \$50,000 max)	
Business Property (\$2,500 incl. - \$10,000 max)	
Liability Extension for Rentals	# of Locations _____
Liability Extension for Secondary Residence	# of Locations _____
Jewelry/Watches/Furs (\$1,500 incl. - \$5,000 max)	
Silverware/Goldware Limit (\$2,500 incl. - \$10,000 max)	
Scheduled Personal Property	
Type	Amount
1.	
2.	
3.	

- Please quote Flood Insurance for this customer
- Please quote Personal Umbrella for this customer
- Please quote In-Home Business for this customer (In-Home Daycare is not available)

Note: We may have to contact your office for more information to provide these quotes.

***Premium is subject to change based upon the HO-3 application and underwriting acceptance.**

Claims in last 3 years? (please list below)

Type	Amount

******PLEASE CALL OUR OFFICE TO HAVE COVERAGE BOUND******