

PERSONAL INSURANCE QUOTE REQUEST

376 Broadway, PO Box 1038, Schenectady, NY 12305
 Phone: 518.393.2109 - Toll Free: 877.MERRIAM - Fax: 518.346.0996



1. PERSONAL INFORMATION

Name (L,F,M)		Address		Home phone	
Spouse		City/State/Zip Years:		Email address	
Occupation		FT/PT	Spouse Occupation		FT/PT
Employer Name			Spouse Employer Name		
Birthdate		M/F	Spouse Birthdate		Spouse M/F
Driver's License State & Num.			Spouse Driver's License State & Num.		
Highest Level of Education			Spouse Highest Level of Education		
Social Security Number			Spouse Social Security Number		
Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No			Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current auto company (<input type="checkbox"/> 12mo <input type="checkbox"/> 6mo)			Premium	Policy expiration	
Current homeowners company			Premium	Policy expiration	

2. HOME INFORMATION

Ownership		Liability & Deductible		Year of Updates	
Years Owned _____	Market Value _____	Name on Deed _____	Liability <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000	Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	Electric _____ <input type="checkbox"/> Complete <input type="checkbox"/> Partial Roof _____ <input type="checkbox"/> Complete <input type="checkbox"/> Partial Plumbing _____ <input type="checkbox"/> Complete <input type="checkbox"/> Partial Heat _____ <input type="checkbox"/> Complete <input type="checkbox"/> Partial
Specifications			Home Safety		
Dwelling Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Rental	Electrical <input type="checkbox"/> Fuses	Occupancy <input type="checkbox"/> Owner	<input type="checkbox"/> Circuit Breakers	Number Families _____	Number Stories _____
Year Built _____	Cathedral Ceilings _____ %	Used Year Round <input type="checkbox"/> Yes <input type="checkbox"/> No	Feet from Fire Hydrant _____	Miles from Fire Station _____	Fire Department Name _____
Foundation			Exterior		
Type <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Block	<input type="checkbox"/> Stone <input type="checkbox"/> Slab	Crawl Space _____ %	Basement _____ %	Finished Basement _____ %	Walkout Basement _____ %
Composite Shingles _____ %			Architectural Shingles _____ %		
Slate _____ %			Tar _____ %		
Metal _____ %			Other _____ % Describe _____		
Roof			Attached/Detached Structure		
Garage Attached _____			Detached _____		
Built-In _____			Carport _____		
Porches Open # _____			Closed # _____		
Screened # _____			Wood # _____		
Decks Redwood # _____			Trex/Other # _____		
			# of Cars _____		
			# of Cars _____		
			# of Cars _____		
			# of Cars _____		
			Sq. Ft. _____		
			Sq. Ft. _____		
			Sq. Ft. _____		
			Sq. Ft. _____		
			Sq. Ft. _____		
			Sq. Ft. _____		

Interior Walls	Wall Coverings	Ceilings
Drywall _____ % Plaster _____ % Plywood _____ % Block _____ % Brick _____ % Stone _____ % Other _____	Paint _____ % Wallpaper _____ % Ceramic Tile _____ % Wood Paneling _____ % Tongue & Groove _____ % Bookcase Walls _____ % Other _____	Drywall _____ % Plaster _____ % Wood _____ % Tongue & Groove _____ % Tin _____ % Acoustical Tiles _____ % Other _____
Floorings	Interior Items (number of each)	HVAC
Hardwood _____ % Carpet Over Hardwood _____ % Wall To Wall Carpet _____ % Vinyl _____ % Ceramic Tile _____ % Laminate Flooring _____ % Other _____	Kitchen _____ Full Bath _____ ½ Bath _____ ¼ Bath _____ Bedrooms _____ Other _____	Electric Heat _____ Gas _____ Oil _____ Oil Tank Location _____ Central Air _____ Water Softener _____ Other _____
Features (number of each)	Features (indicate yes or no)	Additional Information
Fireplace _____ Fireplace Type <input type="checkbox"/> Gas <input type="checkbox"/> Wood Fireplace Insert _____ Woodstove _____ Pocket Doors _____ French Doors _____ Sliding Glass _____ Bay Window _____ Picture Window _____ Bow Window _____ Sky Lights _____ Solar Panels _____ Atrium Doors or Windows _____	Sprinklers _____ stairs _____ Type <input type="checkbox"/> Full <input type="checkbox"/> Partial Cent. Burglar _____ Vacuum System _____ Intercom _____ Cent. Fire System _____ Sound System _____ Sump Pump _____ Generator _____	Crown Molding _____ % Breezeways # _____ Sq. Ft. _____ Extra Items _____ Pets _____ Breed _____ Pool <input type="checkbox"/> Above Ground <input type="checkbox"/> In Ground <input type="checkbox"/> Slide <input type="checkbox"/> Diving Board Approved Fence <input type="checkbox"/> Yes <input type="checkbox"/> No Mortgage <input type="checkbox"/> Yes <input type="checkbox"/> No Mortgage Clause _____ Escrowed <input type="checkbox"/> Yes <input type="checkbox"/> No

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