

HOMEOWNER'S 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

A. INDIVIDUAL INFORMATION

Named Insured 1:	Physical Address: City, State, ZIP: Years at this Address:	Primary Phone:
Named Insured 2:	Previous Address for Last 5 Years:	Email Address:
Billing Address (if applicable):		
Occupation:	<input type="checkbox"/> FT <input type="checkbox"/> PT	Occupation:
Employer Name:	<input type="checkbox"/> FT <input type="checkbox"/> PT	Employer Name:
Birthdate:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:
Highest Level of Education:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Highest Level of Education:
Social Security Number:		Social Security Number:

B. PRIOR INSURANCE INFORMATION

Current auto company:	<input type="checkbox"/> 12 mo. <input type="checkbox"/> 6 mo.	Premium:	Policy expiration:
Current homeowner's company:		Premium:	Policy expiration:
How many years with current auto company?		How many years with current home company?	

2. HOMEOWNER'S INFORMATION

A. GENERAL HOME INFORMATION

Ownership	Liability & Deductible	Year of Updates
Market Value: _____ Name on Deed: _____ Current Coverage A: _____ Business on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Liability <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	Electric: _____ <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers 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	Renter's Coverage	
Dwelling Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Rental Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Tenant Number Families: _____ Number Stories: _____ Year Built: _____ Square Footage: _____	Tenant – Needs Renter's Coverage? <input type="checkbox"/> Y <input type="checkbox"/> N Number of Units in Building _____ Amount of Contents Coverage Desired _____	

B. DETAILED HOME INFORMATION (each category should total 100% e.g. basement - 50% slab 50% block)

Architectural Style			
<input type="checkbox"/> Colonial	<input type="checkbox"/> Ranch	<input type="checkbox"/> Raised Ranch	<input type="checkbox"/> Middle Town Home
<input type="checkbox"/> End Town Home	<input type="checkbox"/> Contemporary	<input type="checkbox"/> Condominium	<input type="checkbox"/> Log Cabin
<input type="checkbox"/> Bungalow	<input type="checkbox"/> Other _____		
Foundation/Construction		Exterior	
Type <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Stone <input type="checkbox"/> Block	Vinyl: _____ %	Aluminum: _____ %	
Basement: _____ % Finished Basement: _____ %	Brick: _____ %	Wood Siding: _____ %	
Slab: _____ % Crawl Space: _____ %	Brick Veneer: _____ %		
Walkout Basement: _____ %	Other: _____ %		
Roof	Attached/Detached Structure		
Composite Shingles: _____ %	Garage Attached: _____	# of Cars: _____	
Architectural Shingles: _____ %	Detached: _____	# of Cars: _____	
Slate: _____ %	Built-In: _____	# of Cars: _____	
Metal/Tin: _____ %	Carport: _____	# of Cars: _____	
Rubber: _____ %	Open # _____	Sq. Ft: _____	
Other: _____ %	Closed # _____	Sq. Ft: _____	
	Screened # _____	Sq. Ft: _____	
	Decks Wood # _____	Sq. Ft: _____	
	Trex/Other # _____	Sq. Ft: _____	

Interior Walls	Wall Coverings	Ceilings
Drywall: _____ % Plaster: _____ % Other: _____ %	Paint: _____ % Wallpaper: _____ % Other: _____ %	Drywall: _____ % Plaster: _____ % Other: _____ %
Home Safety		
Feet from Fire Hydrant: _____ Miles from Fire Station: _____ Fire Department Name: _____		<input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Dead Bolts <input type="checkbox"/> Burglar Alarm or Central Station/Police
Floorings	Interior Items (number of each)	HVAC
Hardwood: _____ % Wall-to-Wall Carpet: _____ % Carpet Over Hardwood: _____ % Ceramic Tile: _____ % Laminate Flooring: _____ % Other: _____ %	Kitchen: _____ Baths: _____ Bedrooms: _____ Other: _____	<input type="checkbox"/> Gas - Hot Air <input type="checkbox"/> Gas - Hot Water <input type="checkbox"/> Electric Heat <input type="checkbox"/> Oil Oil Tank Location: _____ <input type="checkbox"/> Central Air <input type="checkbox"/> Other: _____
Features (number of each)	Features	Additional Information
Fireplace: _____ Fireplace Type: <input type="checkbox"/> Gas <input type="checkbox"/> Wood Fireplace Insert: _____ Woodstove: _____ Specialty Doors: _____ Sliding Glass: _____ Specialty Windows: _____ Sky Lights: _____ Solar Panels: _____ Cathedral Ceilings: _____ Other: _____	Sprinklers: <input type="checkbox"/> Yes Type: <input type="checkbox"/> Full <input type="checkbox"/> Partial Cent. Burglar: <input type="checkbox"/> Yes Intercom: <input type="checkbox"/> Yes Sound System: <input type="checkbox"/> Yes Sump Pump: <input type="checkbox"/> Yes Generator: <input type="checkbox"/> Yes Low Temp Alarm: <input type="checkbox"/> Yes Other: _____	Pet 1: _____ Breed: _____ Pet 2: _____ Breed: _____ Pet 3: _____ 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 Trampoline: <input type="checkbox"/> Yes <input type="checkbox"/> No Mortgage: <input type="checkbox"/> Yes <input type="checkbox"/> No Mortgagee Clause: _____ _____ Escrowed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Breakdown? <input type="checkbox"/> Yes <input type="checkbox"/> No Sewer Line Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Back-up? <input type="checkbox"/> Yes <input type="checkbox"/> No Jewelry/Personal Articles Rider: _____ _____	
Current Umbrella Coverage	Umbrella Coverage Wanted	
<input type="checkbox"/> 1,000,000 <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1,000,000 <input type="checkbox"/> Other: _____	Disclose any motorcycles, boats, ATVs, snowmobiles, and other house/rental properties: _____ _____ _____
Claims		
C. CUSTOMER PREFERRED PAYMENT METHOD		
<input type="checkbox"/> Annual <input type="checkbox"/> EFT Monthly <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Quarterly		
Miscellaneous Information: 		



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