C. B. Hall Insurance Agency, Inc.

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Homeowner's Insurance Quick* Quote

1st Named Insured's Name:	Marital Status: Single/Married/Sep/Div/Wid
Location Address:	
Mailing Address:	
<i>Phone:</i> Home: () Cell: ()	Work/Business: ()
Best Time/Phone to call:/e-mail:	
Driver's License #: Highest Level of Education Co	ompleted: Occupation:
Current Insurance Co.: Dates and Nature of Claims in the past 5 years:	_# Months w/them: Premium/Yr.: \$
Coverage Limits: Dwelling: Personal Property: Loss of Use: \$ Scheduled Valuables Coverage (Y/N) Backup of Earthquake: (Y/N) Flood: (Y/N) Other Coverages Desired:	f Sewer/Drain (Y/N) Equipm't. Breakdown (Y/N)
A B O U T Y O U R	
Construction: (Frame / Masonry / Log / Other) Foundation: (Base Is basement below grade on all 4 sides?	r: Garage: (1/2/3 car/Attached/Detached/Basement) c (Circle all that apply) c (Circle all that apply) c] [Stove: Wood/Pellet] [Baseboard/Radiator] [Wall/Window A/C] c alarm? (Y/N) Perm. Inst. Backup Generator? (Y/N) c Distance from Dwelling (mi.): ft.) Is Home Within City Limits? (Y/N) c? (Y/N) Exotic Pets? (Y/N) Type: tr" Signed (Circle all that apply) Trampoline: (Y/N) theses Conducted on Premises? (Y/N) Describe:
HOME MORTGAGE IN	I F O R M A T I O N
1 st Mortgage Lender's Name:	
2nd Mortgage Lender's Name:	