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| **HOPP INSURANCE AGENCY, INC.****HOMEOWNER’S INSURANCE QUOTE**  |
| **Please click “grey” boxes to fill in. Re-save this form on your computer and attach to an email to:** ***info@hoppinsurance.com*** |
|  insured Information  |
| Name:       | Phone:       |
| Work Phone:      | Fax:       | E-mail:       |
| Property Address:       |
| City:      | State:       | Zip Code:       | County:       |
| Previous Address if New Purchase:       |
| City:       | State:       | Zip Code:       | County:       |
| CURRENT INSURANCE INFORMATION |
| Current Insurance Co:       | Policy Number:       | How Long?       |
| Policy cancel or non-renew in last 3 years?       | [ ] Married [ ] Single [ ] Divorced [ ] Widow [ ] Other  |
| PERSONAL INFORMATION |
| Named Insured’s Information: | Date of Birth: | Social Security #:  | Sex: |
| Insured Occupation:      Employer:       Years:       |       |       |       |
| Spouse Occupation:      Employer:       Years:       |       |       |       |
| Home information |
| If New Purchase Title Company:       |
| Mortgage:       | 2nd Mortgage:       |
| Year Built:        | Wiring Updated? Year:       | [ ]  Breakers [ ]  Fuses | Feet to Hydrant:       | Miles to Fire Station:       |
| Responding Fire Station:       | Within City Limits: Yes [ ]  No [ ]  | Primary Residence [ ]  Secondary Residence [ ]  |
| Total Square Feet:       | # Stories:       | Construction type:       | Roof Type:        | Year:       |
| Foundation:        | Plumbing Updated? Year:       | Hot Tub [ ]  Swimming Pool [ ]  | # Bathrooms:       |
| Garage: Yes [ ]  No [ ]  | Attached: Yes [ ]  No [ ]  | Not Attached Square Feet:       | Type of Siding:      |
| Finished Basement: Yes [ ]  No [ ]  | If So, Square Feet:       | Finished Attic: Yes [ ]  No [ ]   | If So, Square Feet:       |
| Fireplace/Woodstove: Yes [ ]  No [ ]  | If So, How Many:       | Porches/Decks: Yes [ ]  No [ ]  | If So, Size:       |
| Type of Heat:       | Air Conditioning: Yes [ ]  No [ ]  | Type:       |
| Security Devices:  | Fire:      | Smoke:      | Alarm:      | Dead Bolts:      |
| If Located In The Country, How Many Acres & Usage:       |
| Any Business Conducted From The Home:       |
| COverages/limits INFORMATION |
| Subject of Insurance: | Coverage Amount: | Deductible: |
| Home:       |       |       |
| Other Structures:       |       |       |
| Contents:       |       |       |
| Desired Liability Limits:      |
| Earthquake Coverage: Yes [ ]  No [ ]  | Any Jewelry or Equipment Floaters Needed? Yes [ ]  No [ ]        |
| Additional Premises Rented?       | Animals on Premises: Yes [ ]  No [ ]   | Types:       |
| Any Previous Losses? Yes [ ]  No [ ]   | Type & Number of Losses:       |