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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: | | | | | | | | | | | | | | | | | | | | | | | | | | | |