

PFC Insurance Center
Homeowner's Quote

Policy Holder:

Contact Name: _____
Email: _____
Phone Number: _____
Date of Birth: _____

Property Location:

Address: _____
City: _____
State: _____
Zip Code: _____
County: _____

Current Insurance Information:

Company Name: _____
Current Annual Premium: _____
Expiration Date: _____
Deductible _____

Insurance Information:

Deductible Desired: _____
Amount of Liability Desired: _____
Earthquake Coverage Desired?: Yes No
Hurricane Converge Desired?: Yes No

Dwelling Information:

Estimated Replacement Cost: _____

Square Footage: _____

Year Constructed: _____

How Many Floors?:
1 Story
1.5 Story
2 Story
Bi-Level
Tri-Level
Other

Type of Construction?:
Wood
Stucco
Masonry
Brick Veneer
Aluminum Siding
Other

Other Home Features:
(check all that apply)
Dead Bolts
Smoke Detectors
Fire Extinguisher
Central Station Fire Alarm
Central Station Burglar Alarm
Located within 5 miles of Fire Station
Located 1000 feet from Fire Hydrant
Swimming pool
Trampoline
Home located within City Limits

Claims:

List any claims in past 3 years:

Date of Claim	Claim Type	Description
1.		
2.		
3.		

Personal Property:

Estimated value of your personal property:

Jewelry & Watches _____

Furs _____

Silver _____

Firearms _____

Stamp & coin collections _____

Fine Arts & Breakable Items _____