

FRANCHINO INSURANCE AGENCY

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HOMEOWNER OR RENTAL PROPERTY QUOTE FORM

Please answer the following questions. Note that different Insurance companies require different pieces of information, so please complete the form FULLY! The more information we have, the quicker we can send you a quote.

Date coverage is needed _____

Names on deed:

1) _____

2) _____

Location being insured:

Address: _____

City: _____ State: _____ Zip code _____

Mailing address (if different):

Address: _____

City: _____ State: _____ Zip code _____

Years at this address: _____ Phone number: _____ Email address _____

Prior address if less than 3 years:

Address: _____

City: _____ State: _____ Zip code _____

Social Security numbers and date of birth for applicants (IMPORTANT):

S.S.#) _____ D.O.B _____

S.S.#) _____ D.O.B _____

Year built: _____ Years at this location? _____

Is this a secondary residence for you?: yes no

Do you rent this property out?: yes no

Miles from a fire station? _____ Are you within 1000 feet of a fire hydrant?: yes no

Type of home (ie: colonial) _____ Number of stories _____

Square footage of dwelling (VERY IMPORTANT!!) _____

How many bedrooms? _____ Baths? _____

Garage?: yes no how many? _____ attached or detached?

Basement?: yes no Full Basement?: yes no % of basement that is finished _____

Large deck or screened in porch?: yes no Size: _____

Are any rooms "custom"? or average grade?:

What kind of heat does the property have? (ie: gas, electric, oil) _____

Is there an oil tank?: yes no if so -where is it located and how old is the tank _____

Is there a wood or coal burning stove?: yes no Type and age of roof _____

When was last update on wiring? _____ Do you have circuit breakers?: yes no

When was last update on heating system? _____ When was last update on plumbing? _____

Do you have a sump pump?: yes no How many? ____ Do you have a battery back up system?: yes no

What kind of siding? _____

Pool?: Fenced in pool?: Diving board?: Slide?:

Trampoline or tree house?:

Pets?: yes no - if so what type and breed: _____

Any bite history?: yes no

Do you conduct business on the premises?: yes no If so, what kind. _____

Occupations of all applicants?

1) _____

2) _____

Current Insurance Carrier on this property (unless it is a new purchase)

_____ Policy# : _____

Current dwelling amount on policy (IMPORTANT!) _____ Current liability coverages _____

Is policy in force?: yes no Lapse ? : yes no (if so, how long)_____ Reason: _____

Any scheduled items (ie: jewelry) _____

ANY homeowners claims in the past 5 years? If so, please provide dates, details and amounts paid out. :

If new purchase - Purchase price: _____ Mortgage amount _____

Mortgagee Clause: _____

Is your homeowners escrowed?: yes no