HOMEOWNER QUOTATION SHEET Black Insurance Agency (414-803-0889) - email Robert@theblackia.com

Name:_____

Mailing Address:_____ City:_____ State:_____ Zip:_____

Location Address:_____ City:_____ State:_____ Zip:_____

Current Carrier:_____ How long with Carrier:_____ Effective Date: _____

E-mail Address:_____ Phone # _____

Primary Insured: _____ Date of Birth:_____ Occupation:_____
Second Named Insured: _____ Date of Birth: _____ Occupation:_____

HO3 HO4 HO6 Year Built_____ # of Floors:_____ Type: Brick Frame Siding___

Dwelling Value: $_____ Woodburner: Yes No Personal Property (HO4/HO6): $_____

Primary or Seasonal Garage_____ Miles to Fire Dept_____ Distance to Hydrant _____

Year of Updates: Roof _____ Electrical _____ Plumbing _____ Heating _____

Sq. Footage:_____ Basement: Y or N % Finished:_____ # of Bathrooms:_____

Coverages Please circle or fill in desired amount

Liability	300	500	$1 Million		
Medical Payment	1000	2000	3000	5000	10,000
Deductible	500	1000	2500	5000	

Scheduled Items
Jewelry _____ Misc._____

Endorsements:

_____
Water & Sewer Backup Coverage - Yes No

Service Line Coverage - Yes No

Undamaged Roofing/Siding Coverage - Yes No

ID Fraud Coverage - Yes No

Umbrella Y or N Amount _____ UM & UIM Coverage Yes or No

Trampoline - Yes No

Swimming Pool - Yes No Slide/Diving Board Depth _____

Dog: Y or N Breed:_____ Bite History:

Claims/Notes Info:

_____

_____

_____

Prior Address (if less than 3 years) :

_____