



ITEMS TYPED ON THIS FORM CAN BE SAVED
Homeowner's Quote
Request Form

Click Here to Submit Form:

www.AnchorWestInsurance.com

(888) 388-5655 toll free | (888) 288-5486 fax

CA Broker License #: 0G72981

Named insured(s): _____

Address: _____

Phone #: _____ Cell #: _____ Fax #: _____

Email: _____ Preferred method of contact: Phone Fax Email

Proposed Effective Date: _____

General Information:	
Applicant:	Co-applicant:
Date of birth:	Date of birth:
Social Security Number:	Social Security Number:
Occupation:	Occupation:

Underwriting Information:

Year built: _____ Square footage: _____ Year purchased: _____

of families: _____ # of stories: _____ # of acres: _____

Updates: (required if home is more than 25 years old)

Wiring – year? _____ Partial Full Plumbing – year? _____ Partial Full

Heating – year? _____ Partial Full Roofing – year? _____ Partial Full

Miles from fire dept: _____ Feet from hydrant: _____ Fire District: _____

Distance to Nearest Water Source: _____ Type of Water Source: _____

Fire Dept: Paid Vol. Fire Dept. Response Time: _____

Construction type: Frame/Stucco Masonry EIFS Other: _____

Construction style: Ranch Cape Cod Colonial Victorian Other: _____

Source of heat: Wood stove Central Air Electric Gas Fireplace Other: _____

Roof Type: Comp Metal Shake Tile Slate Other: _____

Occupancy: Primary Secondary Rental Seasonal Vacant Other: _____

Foundation Type: Concrete Slab Concrete Block Pilings/stilts Basement Other: _____

Distance to Ocean/Bay/Gulf: # miles: _____ # feet: _____

Distance to Brush: # feet _____ Brush density: Low Moderate Heavy Extreme

Protective Devices: Centrally Monitored Fire Alarm Centrally Monitored Burglar Alarm

Local Fire Alarm Local Burglar Alarm Smoke Detector

Sprinklers (partial 100%) Exterior sprinklers

Motion Detector Dead Bolts Straps Shutters Protective Glass

**THIS IS NOT AN APPLICATION, IT IS ONLY A PRELIMINARY INFO SHEET FOR A QUOTE.
ADDITIONAL INFORMATION MAY BE REQUIRED.**

Rooms & Other Structures:

Bathroom: Full bath # _____ Basic Custom Designer
 1/2 bath # _____ Basic Custom Designer
 3/4 bath # _____ Basic Custom Designer

Bedrooms: # _____

Deck: Wood, sq ft _____ Redwood, sq ft _____

Garage: Attached, # of cars _____ Detached, # of cars _____ Carport, # of cars _____

Shed: small, sq ft _____ medium, sq ft _____ large, sq ft _____

Other structures: _____

Limits of Coverage:

Desired Deductible: \$500 \$1000 \$2500 \$5000 Other: _____

Dwelling(A)\$ _____ (This is Coverage A) Liability Aggregate(E)\$ _____ (i.e. 2X COV. A)

Other Structures(B)\$ _____ (10% of COV. A) Medical Payments(F)\$ _____ (for guests)

Personal Property(C)\$ _____ (40%-50% of COV. A) Home Day Care _____ /# of Children (Max 5)

Loss of Use(D)\$ _____ (Usually 10%-20% of COV. A) In Home Business Type _____

Personal Liability(E)\$ _____ (i.e. 100k, 300k, 500k) Business Prop. \$ _____ (approx \$2500 incl.)

Any Scheduled Personal Property? Yes No (i.e. Jewelry, Furs, Guns, Art, Coin Collection, Antiques, Gold & Silver)

Additional Info/Coverages:

of in-house servants: _____ # of out-servants: _____

Is there a trampoline on the premises? Yes No Fenced? Yes No

Optional Earthquake Coverage: Yes No

EQ additional living expense limit \$ _____

EQ contents limits \$ _____

EQ deductible: \$ _____

Is there a pool? Yes No Fenced? Yes No Locking Gate? Yes No

In-ground? Yes No Diving Board? Yes No Slide? Yes No

Any lakes, ponds, or docks on the premises? Yes No Hot tub? Yes No

Animals on the premises? Yes No

Animal breed: _____ # _____ Bite History? Yes No

Animal breed: _____ # _____ Bite History? Yes No

Gated Community? Yes No Patrolled? Yes No Caretaker? Yes No

Is the dwelling undergoing any renovation or reconstruction? Yes (provide details) No

Any bankruptcy or foreclosure proceedings file? Yes No Reason: _____

Is the applicant behind or delinquent on mortgage or tax payments? Yes No

Has anyone with a financial interest in the property been convicted of fraud, arson, or other crime related to any loss on any property during the last five years? Yes No

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Additional Interests – Mortgagees/Loss Payees:

Name: _____ Name: _____

Address: _____ Address: _____

Loan #: _____ Loan #: _____

Type of Interest: _____ Type of Interest: _____

Loss history:

Note: Loss History includes all losses within the last 3 years, regardless of location AND any loss greater than \$1,000,000, regardless of location or date. Loss runs may be required from your prior carriers.

DATE	TYPE OF LOSS	CAUSE	AMOUNT	PREVENTATIVE MEASURES

Additional comments you would like to make: _____

Click Here to Submit Form:

Printed Name of Prospective Insured

Date

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