



Homeowners Quote Form

** Please save and attach this form to an email to info@palanciainsurance.com **

1. (Mr., Miss, Mrs.) Name: _____ Phone: _____ Date of Birth: _____
 Email Address: _____ Social Security #: _____ Education: _____
 Occupation/Industry: _____ If retired/what industry: _____
 Marital Status: Single Married Divorced Widowed Domestic Partnership

2. (Mr., Miss, Mrs.) Name: _____ Phone: _____ Date of Birth: _____
 Email Address: _____ Social Security #: _____ Education: _____
 Occupation/Industry: _____ If retired/what industry: _____
 Marital Status: Single Married Divorced Widowed Domestic Partnership

3. Number of household members: _____ How many under the age of 18yrs old: _____

4. Prior Address(es) in 4 years or less: _____ Date property was purchased: _____
 Property address: _____ City/State/Zip: _____
 Mailing address (if different from property): _____ City/State/Zip: _____

5. What year was the home built: _____ Construction Type: Frame Brick Masonry Square Footage _____
 Miles to the nearest fire station: _____ Is a fire hydrant close by: yes no how many feet _____
 Heating system: Oil Gas Hot Water If oil, Where is the tank Located: _____
 Number of families _____ Style of house or number of stories _____ Square footage of the living area _____

6. Please indicate the month and year of the last update on the following systems:
 Roof: _____ Partial Complete
 Plumbing: _____ Partial Complete
 Electrical Wiring: _____ Partial Complete
 Heating: _____ Partial Complete

7. Do you have any of these protective devices? please check all that apply
 Smoke Detectors
 Fire Extinguishers
 Dead Bolts
 Other alarms (central burglar/fire): _____

8. Do you have circuit breakers:
 yes
 no
 If yes, what are the amps?: _____

9. Number of car garage: _____
 Attached Built-in
 Carport Basement
 Detached

10. Please indicate if you have any of the following:
 Deck: Open Closed Material _____ Square footage: _____
 Porch: Open Closed Material _____ Square footage: _____
 Balconie: Open Closed Material _____ Square footage: _____

11. Do you conduct any business on premises? (including daycare) Yes No If yes, what type of business? _____
 Approximately foot traffic per week _____ Is there a separate entrance for clients? Yes No
 Do you have insurance for the business? Yes No



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116 Mamaroneck Ave.
Mamaroneck, New York 10543

12. Bathroom & Kitchen: Please indicate the number of the following:

	Standard	Custom	Designer
Half Baths	_____	_____	_____
¾ Baths	_____	_____	_____
Full Baths	_____	_____	_____
Kitchen	_____	_____	_____

13. Fireplaces: Please indicate the number of the following:

Single _____ Double _____ Triple _____

14. Wood Stove: Please indicate the number of the following:

Free Standing _____ Zero Clearance _____

15. Basement or crawl space If you selected basement, is it Finished or Unfinished
and what percentage is it _____ and is the basement a walkout or below grade

16. What material is your exterior siding _____

17. What material is your roof _____ Do you have a flat roof: yes no

18. Do you have any cats or dogs in your home: yes no If so: what breed(s) is your pet _____

If mix breed dog what is the mix _____ and is there any biting history: yes no

19. Do you have any of the following in your home? Please indicate the number (or square footage) for each:

- | | | |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Outdoor (concrete) Pool _____ | <input type="checkbox"/> Wet Bar _____ | <input type="checkbox"/> Sump Pump |
| <input type="checkbox"/> Outdoor (fiberglass) Pool _____ | <input type="checkbox"/> Vanity (custom installed) _____ | What Kind? _____ |
| <input type="checkbox"/> Indoor Pool _____ | <input type="checkbox"/> Metal Spiral Staircase _____ | <input type="checkbox"/> Backup Generator |
| <input type="checkbox"/> Diving Board or <input type="checkbox"/> Slide For Pool | <input type="checkbox"/> Wood Spiral Staircase _____ | Auto <input type="checkbox"/> or Manual <input type="checkbox"/> |
| <input type="checkbox"/> Above Ground or <input type="checkbox"/> Inground Pool | <input type="checkbox"/> Finished Attic _____ | What Kind? _____ |
| <input type="checkbox"/> Pool Fence _____ | <input type="checkbox"/> Central A/C (same ducts as heat) _____ | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Hot Tub _____ | <input type="checkbox"/> Central A/C (separate ducts) _____ | <input type="checkbox"/> Natural Gas |
| <input type="checkbox"/> Jacuzzi _____ | <input type="checkbox"/> Central Vacuum System _____ | <input type="checkbox"/> Gasoline |
| <input type="checkbox"/> Does the property have a pond _____ | <input type="checkbox"/> Bay Windows _____ | <input type="checkbox"/> Central Temp Monitoring |
| <input type="checkbox"/> Trampoline _____ | <input type="checkbox"/> Picture Windows _____ | <input type="checkbox"/> Water Flow Sensore |
| <input type="checkbox"/> Greenhouse _____ | <input type="checkbox"/> Skylights _____ | <input type="checkbox"/> Oil Tank _____ gallons |
| <input type="checkbox"/> Patio Cover _____ | <input type="checkbox"/> Breezway _____ Open <input type="checkbox"/> Closed <input type="checkbox"/> | <input type="checkbox"/> Inside _____ yrs old |
| <input type="checkbox"/> Solar Room _____ | <input type="checkbox"/> Any scheduled Property? _____ | <input type="checkbox"/> Outside _____ yrs old |
| <input type="checkbox"/> Balcony _____ | Such as Jewelry, Fine arts, Coins, ect. | <input type="checkbox"/> Underground _____ yrs old |
| <input type="checkbox"/> French Doors _____ | Total value of items _____ | <input type="checkbox"/> Pluming Pipe Material _____ |
| <input type="checkbox"/> Sliding Glass Doors _____ | Is any one item over \$10K _____ | |

20. Mortgage _____

Desired pay plan? Paid in Full, Mortgagee, or Installments

Present Insurance Carrier: _____ How long have you had continuous insurance? _____

How long have you been with your current carrier? _____ Expiration date of policy: _____

Claims in the last 5 years: _____



ALBERT PALANCIA
INSURANCE

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info@palanciainsurance.com

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Mamaroneck, New York 10543

21. Have you filed any claims (regardless of location) yes no If yes, please list reasons why:

22. Is flood coverage wanted or needed: yes no

23. Any Living space above garage?: yes no If so how much? _____

24. Insured billed or Mortgagee billed