



Insurance Services - Homeowner's Insurance Quote Request

To better assist us, all fields must be answered for a quote

To: **Jim Wise**
Tel: **512.301.9613**
Fax: **512.301.1921**
Email: **Jim@GoodLifeStyleInsurance.com**

Customer Information

Legal Name: _____ Spouse Legal: _____

SS#: _____ SS#: _____

Date of birth: _____ Date of birth: _____

Address: _____

Phone: _____ Mobile _____ Email: _____

Property Information

Property address: _____

Purchase price: _____ Is this a new purchase? **Yes / No** If yes, date of closing: _____

Select occupancy type:

Primary residence (owner occupied)
 Rental property
 Secondary/vacation home
 Other _____

Select one:

Single Detached Family Home
 Condominium/Townhome
 Mobile home
 Duplex
 Triplex
 Other _____

Will the home be occupied with in 30 days after your closing? Yes / No

Select construction type:

Frame
 Brick
 Masonry veneer
 Other _____

Select foundation type:

Slab
 Concrete Perimeter
 Combination of above
 Other _____

Year Built: _____

Square footage: _____

Builder name: _____ # of car Garage: _____

of Stories: _____ # of Fireplaces: _____

Pool: Yes / No Above ground: Yes / No

If yes, is the pool/yard fenced? _____

Diving board or pool slide? _____

Fire hydrant within 1,000 ft: Yes / No

Paid fire dept within 5 miles: Yes / No

Brush/Forest within 400 feet: Yes / No

Trampoline: Yes / No

Woodstove: Yes / No

Type of roof: _____

Age of roof: _____

Plumbing Type: _____

Gated Community: Yes / No

Pets: Yes / No If yes, what breed & how many? _____

Any all terrain vehicles (i.e. mini bikes, ATV's): Yes / No

Business/Childcare conducted out of home: Yes / No If yes, provide details: _____

Any claims within 3 years: Yes / No If yes, describe: _____

Closing Information:

Closing/Escrow/Loan officer: _____ Escrow/Reference/Loan #: _____

Phone #: _____

Fax#: _____