

## 1585 Ellinwood Ave Ste 210 Des Plaines, IL 60016 Ph.: (847) 391 - 5100 Fax: (847) 298 - 8961

Order For Insurance Quote (No Charge - No Obligation)

**HOME** 

\*WARNING \* After completing this form please print out and send by fax to number listed above.

Corporation or Individu	al Name			
Address			Address	
City		State	Zip Code	Phone #:
Choose Insurance	е Туре:			
Home Structure:				
	Year Proper	ty Was Built:		
	Numbe	er of Stories:		
	Ex	terior Walls:		
		Roof Type:		
	Base	ement Type:		
	Secu	rity System:		
	G	arage Type:		Garage Capacity:
The Inside of You	r Home:			
	Square Footage:			
Number of Bedrooms:				
	Number of Fu	II Bathrooms:		
	Number of ha	If Bathrooms:		
	Number	of Fireplace:		
	Nur	nber of Deck:		
Potential Discoun	<u>nt:</u>			
	☐ Deadbolts		Fire Extinguishers	
	Smoke Alaı	rms	Nearby Fire Hydran	t
	☐ Manned Fi	e Station within	5 mile	

Home Additions:					
☐ Sauna	☐ Sump Pump				
☐ Hot Tub	Central Air Conditioning				
☐ Wood Burning Stove	☐ In - Ground Swimming Pool				
Do you own any dogs of these breeds:					
☐ German Shepherd	☐ Pitbul ☐ Rottweiler				
☐ Doberman	☐ Chow ☐ None of this				
<b>Current Policy Information:</b>					
-	ly have home insurance coverage?   Yes No				
If Yes - When does your exis	ting policy expire?				
Current Insurance Carrier:					
Estimated Replacement Cost: \$					
Future Coverage Needs:					
Deductible:					
	350.00				
	250.00				
Liability Protection:					
☐ \$ 100,000 ☐ \$	300,000				
Additional Coverage?					
☐ Do you need sewer backup protection?					
☐ Do you need earthquake protection?					
☐ Is there a smoker in your household?					
Home Information:					
E-mail address:					
Describe Primary Applicant's Credit:					
☐ Excelent ☐ Good	d Some problems Major Problems				
Date					
Signed By					