

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 Indi	vidual Name			
Address			Address	
City		State	Zip Code	Phone #:
Choose Insura	nce Type:			
Home Structur	<u>'e:</u>			
	Year Propert	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 Y	our Home:			
	Squ	are Footage:		
	Number o	of Bedrooms:		
	Number of Ful	ll Bathrooms:		
	Number of hal	f Bathrooms:		
	Number	of Fireplace:		
	Nun	nber of Deck:		
Potential Disco	ount:			
	Deadbolts		Fire Extinguishers	
	☐ Smoke Alar	ms	Nearby Fire Hydran	t
	☐ Manned Fir	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				
Current Policy Information:					
	y have home insurance coverage? Yes No				
If Yes - When does your exist	ing policy expire?				
Current Insurance Carrier:					
Estimated Replacemen	t Cost: \$				
Future Coverage Needs:					
Deductible:					
□ \$ 100.00 □ \$ ±	250.00				
Liability Protection:					
	300,000				
Additional Coverage?					
☐ Do you need sewer backup protection?					
☐ Do you need earthquake protection?					
☐ Is there a smoker in y	our household?				
Home Information:					
E-mail address:					
Describe Primary Applicant's Credit:					
Excelent Good Some problems Major Problems					
	i i i				
Date					
Signed By					