

Hull & Company, Inc., National Personal Lines. Phone # 866-417-4855

Homeowner Quote Sheet

PRODUCER INFORMATION: Contact Name: _____

Phone Number: _____ Fax Number: _____

INSURED INFORMATION:

Insured's Name: _____

(Builders Risk Only) Date of Birth: _____ SS #: _____ Add Theft of Bldg Materials

Risk Address: _____
STREET ADDRESS

_____ CITY STATE ZIP COUNTY

UNDERWRITING INFORMATION:

Primary Secondary Seasonal Rental (# weeks rented _____) Full-Time Rental

Territory: _____ Frame Masonry Protection Class: _____ Distance from the Ocean: _____

Year Built: _____ Updates if 25 years or older: _____

Loss History (date/type/amount): _____

Protective Devices (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Central Burglar Alarm | <input type="checkbox"/> Central Fire Alarm |
| <input type="checkbox"/> Smoke detectors | <input type="checkbox"/> Dead bolts |
| <input type="checkbox"/> Fire extinguishers | <input type="checkbox"/> Hipped Roof |
| <input type="checkbox"/> Hurricane straps | <input type="checkbox"/> Storm shutters or precut plywood |

Please complete the following if applicable:

Animals on premises (if yes, indicate type/breed): _____

Swimming Pool or Trampoline (if yes, is yard fenced): _____

COVERAGE LIMITS:

Coverage A: _____

Coverage B: _____

Coverage C: _____

Coverage D: _____

Coverage E: _____

Coverage F: _____

For fast service please email this Word document to your Account Executive. To do this click File, Send To, Mail Recipient (as attachment) and enter their email address.

You may also fax your Account Executive. Call for that number.

If coverage is bound a fully completed application will be required. This quote sheet does not contain all underwriting questions or coverage options. Final premium will be subject to the application and additional underwriting reports and information gathered.

DEDUCTIBLES:

AOP: _____ Wind/Hail: _____ Named Storm Option

OPTIONAL ENDORSEMENTS:

- | | |
|--|--|
| <input type="checkbox"/> 125% Extended Replacement Cost Dwelling | <input type="checkbox"/> Replacement Cost Contents |
| <input type="checkbox"/> Earthquake with 5% deductible | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Open Peril Coverage C (HO-15) | <input type="checkbox"/> Water Back Up (Select Limit): _____ |

XS Flood Option: Dwelling – _____ XS 250,000; Contents – _____ XS 100,000; Zone: _____

Pre-Firm Post-Firm If Post-Firm A or V, Elevation Difference Between Risk and BFE: _____

Additional Options or Information: _____