Wholesale Insurance Made Simple

"Close More Business with Less time & Effort"

SimonAgency.com

Download and send completed form to: webforms@simonagency.com

Quick Quote Sheet for Homes & Dwellings

Agency Name: _____ Phone # _____

Agency Contact Name _____ Email: _____

Named Insured(s): _____

Spouses Name: _____

DOB: _____ SS #/FEIN: _____ Phone # _____

Mailing Address (include County): _____

Property Location (include County): _____

Type of Construction: _____ Alarms: _____ Heat Type: _____ Oil Tank Location: _____

Dwelling $ _____ Deductible: _____

Liability: _____ Medical Payments _____

Claims: _____

Year Built _____ Square Footage: _____ Type of Roof: _____

# of Families/Apartments _____

Roof Age: _____ Wiring Age/Updates: _____ Heat Updated/Serviced: _____ Plumbing Age/Updated: _____

- Pool: ○ Yes ○ No
- Trampoline: ○ Yes ○ No
- Owner/Tenant Occupied: ☐ Owner Occupied ☐ Tenant Occupied
- Primary/Secondary Residence: ☐ Primary ☐ Secondary

Dogs/other pets: _____

Current Insurer: _____

Note: