

102 N. Main St. Fountain Inn, SC 29644 Phone: 864-601-9670 Fax: 1-888-294-8667 kyle@agencythatcares.com

Home/Renters/Condo/Dwelling Fire Insurance Quote Information (Circle one)

Name:		
Property Address:	City, State, Zip Code:	
Mailing Address:	City, State, Zip Code:	
Home Phone: Co	ell Phone:Email: _	
Please list ALL legal names exactly ho	ow they appear on your deed.	
(Renters please list all adult occupants	·.)	
Name	Social Security #	Date of Birth
1		
2		
3		
Current coverage amount:	_ Current premium: Deductil	ble:
Purchase price:# of Mort	tgages: Year Purchased:	
Is your home in the name of a trust? If	so, please list name of the trust:	
Construction Type: Yea	r built: Square feet:	Foundation:
# of stories: Roof type:	_ Heat type? Central air?	# of Bathrooms:
# of Fireplaces?: Fireplace type?	? Dogs? If so, what breed?	
Swimming pool? In or above §	ground? Diving board?	
Updates? (Please list year) Roof:	Electrical: Plumbing:	_ Heating:
Porches, patios, or decks? # of j	porches: # covered: # open: _	
Garage or carport? Attache	ed or detached?# of stalls: _	
Centrally monitored burglar and/or fire	e alarm? Is it currently activated?	
Any type of business, including childe	eare, on premises? If yes, what typ	pe?
Do you currently have a personal liabi	lity umbrella policy? If yes, what	amount?
Do you carry additional coverage for i	tems such as jewelry, firearms, or other	personal items?
Is this residence your primary or secon	ndary home? Is this a home y	ou rent to others?
Are you a member of a homeowner's	association?	
Who is your home currently insured w	vith? When does you	ar current policy renew?_
Is your home currently in escrow?	Name of mortgage company:	

Comments: (Please provide information of any claims made in the last three years)