

SIMON INSURANCE FIRE/HOMEOWNERS QUOTE SHEET

Please print out this form, fill it in and FAX or mail to us.

NAME	BIRTHDATE	SSN	PHONE
OCCUPATION		EMPLOYER & ADDRESS	
NAME	BIRTHDATE	SSN	PHONE
OCCUPATION		EMPLOYER & ADDRESS	
LOCATION		CITY/STATE/ZIP	
MAILING		CITY/STATE/ZIP	

# CLAIMS IN 3 YEARS	DESCRIPTION	AMOUNT PAID OUT
OCCUPANCY:	<input type="checkbox"/> OWNER <input type="checkbox"/> NON-OWNER <input type="checkbox"/> SECONDARY	
NUMBER OF UNITS:	<input type="checkbox"/> SINGLE <input type="checkbox"/> DUPLEX <input type="checkbox"/> TRIPLEX <input type="checkbox"/> FOURPLEX <input type="checkbox"/> CONDO/TOWN	
STORIES:	<input type="checkbox"/> 1 STORY <input type="checkbox"/> 1-1/2 STORIES <input type="checkbox"/> 2 STORIES <input type="checkbox"/> BI LEVEL <input type="checkbox"/> SPLIT LEVEL	
CONDO/TOWNHS:	<input type="checkbox"/> CENTER UNIT <input type="checkbox"/> END UNIT <input type="checkbox"/> # OF UNITS	
ROOF TYPE:	<input type="checkbox"/> COMP/SHINGLE <input type="checkbox"/> TILE <input type="checkbox"/> TAR/GRAVEL <input type="checkbox"/> OTHER <input type="checkbox"/> AGE	
DWELLING:	YEAR BUILT _____ SQUARE FOOTAGE _____	
RENOVATION YEAR:	COPPER PLUMBING _____ CIRCUIT BREAKERS _____ HEATING _____	
HEATING TYPE:	<input type="checkbox"/> CENTRAL <input type="checkbox"/> BASEBOARD <input type="checkbox"/> WALL	
FUEL:	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> EMERGENCY SHUT OFF VALVE? Y _____ N _____	
FOUNDATION:	<input type="checkbox"/> SLAB <input type="checkbox"/> OPEN <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> BOLTED	
BASEMENT:	% OF GROUND FLOOR _____ % OF BASEMENT FINISHED _____	
GARAGE TYPE:	<input type="checkbox"/> NONE <input type="checkbox"/> # OF CARS <input type="checkbox"/> CARPORT <input type="checkbox"/> DETACHED <input type="checkbox"/> ATTACHED	
INTERIOR WALLS:	<input type="checkbox"/> DRYWALL <input type="checkbox"/> PLASTER CATHEDRAL CEILINGS: % _____	
EXTERIOR WALLS:	WOOD SIDING _____% WOOD SHINGLES _____% WOOD SHAKES _____% ALUM/VINYL _____% BRICK VENEER _____% STUCCO _____% STONE VENEER _____% ASBESTOS SHINGLE _____% SOLID STONE _____% SOLID BRICK _____% ADOBE _____%	
FLOORING:	HARDWOOD _____% CARPET _____% MARBLE _____% CARPET OVER WOOD _____% TILE _____%	
BATHROOMS:	STANDARD # _____ CUSTOM # _____ LUXURY # _____ HALF # _____	

ADDITIONAL FEATURES: ENTER QUANTITY

FIREPLACES	EXT. SHUTTERS	JACUZZI	HOTTUB	SLIDING GLASS DOORS
SKYLIGHTS	INT. SHUTTERS	WET BAR	FRENCH DOORS	BAY WINDOWS
ATRIUM WINDOWS	PICTURE WINDOWS			

CIRCLE ALL THAT APPLY

POOL	SCREENED POOL AREA	BREEZEWAY: OPEN	BREEZEWAY: CLOSED
PORCH: OPEN	PORCH: SCREENED	DECK SQ. FEET	GREENHOUSE
SOLAR PANELS	STAINED GLASS	SAUNA	AIR CONDITIONING
LAUNDRY TUB	CENTRAL VACUUM	TRASH COMPACTOR	INTERCOM

DISCOUNT OPTIONS

NON-SMOKER	CENTRAL ALARM	AUTO/FIRE	SPRINKLER: FULL	SPRINKLER: PARTIAL
SECURITY:	DEADBOLTS	SMOKE	FIRE	BAY WINDOWS

REALTOR NAME/OFFICE	PHONE NUMBER
LOAN OFFICER	PHONE NUMBER
ESCROW OFFICER	PHONE NUMBER