

NELSON-PATTERSON AGENCY, INC.

Insurance - Risk Management - Administrative Services

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HOMEOWNERS QUOTE: Date: / / Info Taken by: Producer or Referred by: _____

Name: _____ Home #: _____

Address: _____ Work #: _____

Town: _____ Cell. #: _____

Location if different from above: _____

Email address: _____

Table with 2 columns: APPLICANT INFO, CO-APPLICANT INFO

name: _____

DOB: _____ ssn #: _____

name: _____

DOB: _____ ssn #: _____

HOUSE INFORMATION: owner or tenant occupied

Structure type: house, apartment, condo or townhouse

flat roof: Y or N sq. footage: _____ garage & type: _____

year constructed: _____ # of stories: _____ # of families: _____

circle one: frame, masonry, modular central a/ c: _____ # of fireplaces: _____

heating: gas, oil, propane or electric finished basement: _____ # of bathrooms: _____

dist. from water: _____ wood burning stove: _____ In ground oil tank: _____

swimming pool & type: _____ diving board: _____ trampoline: _____

Any business operations in home _____ type of business _____

COVERAGE:

dwelling: _____ personal property: _____ deductible: _____

liability: _____ medical payments: _____

mortgage amount: _____ mortgage billed: Y or N

CREDITS &/or SYSTEMS please circle all that apply:

claims in 5 years: Y or N non-smoker Y or N

smoke detectors Y or N central alarm: Y or N

SPECIAL COLLECTIONS / AMOUNT SCHEDULED ITEMS:

jewelry: _____ furs: _____ other: _____

Any PETS & type: _____ Any bite history: _____

Current insurance: Y or N Years with current carrier: _____ Expiration date: _____

In the past 5 years has your policy ever been cancelled or non-renewed? Y or N

In order to qualify for our best rate, we ask for your social security number.