



HOMEOWNERS INSURANCE QUOTE FORM

This is a request for a quotation for homeowners insurance. It is not an application for insurance.

To expedite your quote, please provide the following information.

All Sections must be complete in order to receive a valid quote.

Members 1st Insurance Services is available to residents of PA only

Name: _____ Date of Birth: _____ SS#: _____
Spouse's Name: _____ Date of Birth: _____ SS#: _____
Address: _____ City: _____ State: _____ ZIP: _____
Property Address (if different than mailing address): _____

Phone Numbers: Home: _____ Cell: _____ Work: _____
Best Time to Call: ☐ Morning ☐ Afternoon ☐ Evening

Email address: _____

CURRENT POLICY INFORMATION

Insurance Company: _____ Expiration Date: _____
Dwelling Limit: _____ Other Structures Limit: _____ Personal Property Limit: _____
Loss of Use Limit: _____ Personal Liability Limit: _____ Medical Pay Limit: _____
Deductible: _____

HOME INFORMATION

Date Purchased: _____ Home is: ☐ Primary Residence ☐ Secondary Residence ☐ Rental Property
*Was home purchased as foreclosure/short sale within past 12 months? ☐ Yes ☐ No

Mortgagee: _____

2nd Mortgagee: _____

Insurance Escrowed? ☐ Yes ☐ No

Township & County of Property: _____

Is your home a: ☐ Single Family Home ☐ Duplex ☐ Mobile Home ☐ Modular Home (Pre-Fab)
☐ Multi-Family - # of Families: _____ ☐ Condo ☐ Townhouse

If Condo/Townhouse : ☐ End Unit ☐ Center Unit # of units between firewalls: (condo/tenant only)

Have you filed any property insurance claims in the past five years? ☐ Yes ☐ No

If yes, please describe below:

Date	Type/Description	Amt. Paid

CONSTRUCTION TYPE

- | | | |
|-----------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Wood Frame w/ Vinyl Siding | <input type="checkbox"/> Wood Frame w/Aluminum Siding | <input type="checkbox"/> Stucco |
| <input type="checkbox"/> Solid Brick | <input type="checkbox"/> Brick Veneer | <input type="checkbox"/> Other (Please Specify): |
| <input type="checkbox"/> Solid Stone | <input type="checkbox"/> Stone Veneer | |
| <input type="checkbox"/> Wood Siding | <input type="checkbox"/> Fire Resistant (Steel Frame) | |
| <input type="checkbox"/> Log Siding | <input type="checkbox"/> Solid Log | |

PROTECTION CLASS

Feet to Nearest Fire Hydrant: Miles to Nearest Fire Station: Fire District:

DWELLING INFORMATION

Year Dwelling Built: Square Footage: # of Stories:

Type of Dwelling: (ex: cape cod, ranch, townhouse end unit, split-level, etc.)

Construction of Walls & Ceilings: ☐ Drywall ☐ Plaster If both, % of each:

Year Last Updated: **Wiring:** **Plumbing:** **Heat:** **Roof:**

Is home 100% serviced by Circuit Breakers? ☐ Yes ☐ No

Primary Heat Source: ☐ Oil ☐ Natural Gas ☐ Propane ☐ Electric ☐ Geothermal
☐ Other:

Fireplace: ☐ Wood ☐ Gas ☐ Insert # of Fireplaces:

Alternate Heat Source: ☐ Wood Stove ☐ Pellet Stove ☐ Space Heater ☐ Other:

If Wood/Pellet Stove, was it professionally installed? ☐ Yes ☐ No Stove Cleaned annually? ☐ Yes ☐ No

Roof Material Type: ☐ Asphalt Shingles ☐ Slate ☐ Steel/Metal ☐ Wood/Cedar Shakes
☐ Architectural Shingles ☐ Rubber ☐ Tin ☐ Other:

Roof Type: ☐ Pitched Roof ☐ Flat Roof

Foundation Type: ☐ Concrete Basement ☐ Crawlspace ☐ Slab

If Basement, is it under the entire house? ☐ Yes ☐ No

If no, what % of the house is it under? What % of basement is finished?

Basement is: ☐ Below Grade ☐ Daylight/Walkout

Do you have a Sump Pump? ☐ Yes ☐ No

If yes, what type of backup source is used if Sump Pump fails?

☐ Water Powered ☐ Battery Powered ☐ Gas Generator ☐ None

Attached Structures: ☐ Porch ☐ Deck ☐ Balcony Square Footage of each:

Garage: ☐ Yes ☐ No If yes, Capacity #: ☐ Attached ☐ Detached ☐ Built-In ☐ Carport

Central Air: ☐ Yes ☐ No

Bathrooms: # Full: # Half:

Customization in kitchen and/or bathrooms? (ex: granite countertops, custom cabinetry, tile floors, etc.) ☐ Yes ☐ No
If yes, please list:

PROTECTIVE DEVICES (Check all that apply)

Fire Alarm: ☐ **Local** (makes your household aware) ☐ **Central** (notifies 3rd party)
Burglar Alarm: ☐ **Local** (makes your household aware) ☐ **Central** (notifies 3rd party)
Sprinkler System: ☐ **Local** (makes your household aware) ☐ **Central** (notifies 3rd party)
☐ **Smoke Detectors** ☐ **Fire Extinguishers** ☐ **Dead Bolt Locks**

GENERAL UNDERWRITING

Do you own any dogs or exotic pets? ☐ **Yes** ☐ **No** How many: Breed/Type:
Any incidents of biting? ☐ **Yes** ☐ **No**

Is there a swimming pool or trampoline on the property?

☐ **Swimming pool**
☐ **Above Ground** ☐ **In-ground** ☐ **Fenced-In** ☐ **Locking Gate**
☐ **Trampoline**
☐ **Screened**

Do you belong to a Homeowners Association? ☐ **Yes** ☐ **No**

Do you own any Watercrafts? ☐ **Yes** ☐ **No** Type: Motor HP:
Docked/Stored Location: Location Used: Length:

Any Recreational Motorized Land Vehicles: ☐ **Yes** ☐ **No** Type:

Any Other Owned Properties? ☐ **Yes** ☐ **No**

If yes, list address:

Member of any Board of Directors: ☐ **Yes** ☐ **No** If yes, list:

Any Business Activity conducted in Home/On Premises? ☐ **Yes** ☐ **No**

If yes, type of business:

Any Business Property in Home/On Premises: ☐ **Yes** ☐ **No**

If yes, type/amount:

Any valuable items: ☐ **Jewelry** ☐ **Fine Art** ☐ **Coins** ☐ **Guns** ☐ **Silverware** ☐ **Other:**

List amount of coverage needed for each category: *(Appraisals will be required if policy is purchased)*

Would you like a quote for Flood coverage? ☐ **Yes** ☐ **No**

Would you like to discuss how a Personal Umbrella Policy can benefit you? ☐ **Yes** ☐ **No**

Would you like a quote on Life Insurance options? ☐ **Yes** ☐ **No**

Additional Information/Comments:

As part of the underwriting process, insurance companies will order an insurance score based upon your credit history that will be used to underwrite and price your policy. As allowed by law, they may obtain credit and other consumer reports, such as claims history reports, in connection with your application for insurance and any renewal of insurance.

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