

# Client Information Worksheet

## Homeowner/Renter Quote

Date of Quote \_\_\_\_\_ Effective Date \_\_\_\_\_ Lead Source \_\_\_\_\_

### Head of Household/Policy Information

\*Full Name \_\_\_\_\_ Head of Household?  Yes  No  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ SSN \_\_\_\_\_ Married  Yes  No  
 Residence Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Affinity/Occupation Group \_\_\_\_\_ Occupation \_\_\_\_\_  
 Number of adults in HH \_\_\_\_\_ Policy effective date \_\_\_\_\_  
 Company \_\_\_\_\_  
 Form type \_\_\_\_\_ Policy type \_\_\_\_\_

### Dwelling Information

Year built \_\_\_\_\_ Square feet \_\_\_\_\_ Calculate High Value  Yes  No Renovation  Yes  No  
 Occupancy \_\_\_\_\_ Style type \_\_\_\_\_ Construction type \_\_\_\_\_ Roof type \_\_\_\_\_  
 Age of roof \_\_\_\_\_ Number of units \_\_\_\_\_ Outside city limits  Yes  No Basement  Yes  No  
 Garage type \_\_\_\_\_ Pool  Yes  No  Interior  Fenced  
 Deck  Yes  No Brush w/in 50 feet (TX)  Yes  No Designated Brush Area w/in 150 feet (TX)  Yes  No  
 Prior losses \_\_\_\_\_

### Discounts/Surcharges

Non-Smoker .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Auto/Home .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home/Life .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler System .....	<input type="checkbox"/> Full <input type="checkbox"/> Partial
New Household .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interior Inspection.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Burglar/Fire .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Local Burglar.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local Fire (TX) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hail Resistant Roof (TX) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year Renovated — Electrical/Heating _____		Year Renovated — Plumbing _____	
Fire Safeguard (CA only) _____		Energy Source _____	
Other _____			

Additional information may be required in your state. Please consult your Personal Lines Manual.

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**Reconstruction Cost Information**

Roof ACV.....  Yes  No

Contents Replacement.....  Yes  No

**\*Interior Information**

Style Type \_\_\_\_\_

Interior walls \_\_\_\_\_

Cathedral ceiling \_\_\_\_\_

Number of units \_\_\_\_\_

Protection class \_\_\_\_\_

Market value \_\_\_\_\_

Garage type \_\_\_\_\_

Kitchen grade \_\_\_\_\_

Basement % of ground floor \_\_\_\_\_

Basement % finished \_\_\_\_\_

Walkout basement.....  Yes  No

Site access \_\_\_\_\_

Other \_\_\_\_\_

**Exterior walls (Total must equal 100%)**

Aluminum siding ..... \_\_\_\_\_ %

Stucco on Frame ..... \_\_\_\_\_ %

Clapboard Redwood ..... \_\_\_\_\_ %

Wood Siding ..... \_\_\_\_\_ %

Steel siding ..... \_\_\_\_\_ %

Brick Veneer ..... \_\_\_\_\_ %

Wood Shake ..... \_\_\_\_\_ %

Solid Stone ..... \_\_\_\_\_ %

Adobe ..... \_\_\_\_\_ %

Cement Shingles ..... \_\_\_\_\_ %

Solid Brick ..... \_\_\_\_\_ %

Log Veneer Siding ..... \_\_\_\_\_ %

Stucco on Masonry ..... \_\_\_\_\_ %

Vinyl Siding ..... \_\_\_\_\_ %

Asbestos Shingles ..... \_\_\_\_\_ %

Paint on Masonry ..... \_\_\_\_\_ %

Clapboard Wood..... \_\_\_\_\_ %

Stone Veneer ..... \_\_\_\_\_ %

Other ..... \_\_\_\_\_ %

**Interior walls (Total must equal 100%)**

Bookcase walls ..... \_\_\_\_\_ %

Mirrors ..... \_\_\_\_\_ %

Foil wallpaper ..... \_\_\_\_\_ %

Sheet paneling ..... \_\_\_\_\_ %

Marble ..... \_\_\_\_\_ %

Ceramic tile..... \_\_\_\_\_ %

Paint (faux) ..... \_\_\_\_\_ %

Imported ceramic tile ..... \_\_\_\_\_ %

Vinyl wallpaper..... \_\_\_\_\_ %

Paint ..... \_\_\_\_\_ %

Brick facing..... \_\_\_\_\_ %

Solid Wood paneling ..... \_\_\_\_\_ %

Grass cloth paper ..... \_\_\_\_\_ %

Other..... \_\_\_\_\_ %

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**\*Floor covering (Total must equal 100%)**

Brick.....	_____ %	Laminated .....	_____ %
Carpet.....	_____ %	Slate.....	_____ %
Carpet custom .....	_____ %	Hardwood .....	_____ %
Carpet over hardwood.....	_____ %	Marble.....	_____ %
Custom carpet over hardwood .....	_____ %	Stone .....	_____ %
Ceramic tile .....	_____ %	Parquet .....	_____ %
Imported Ceramic tile.....	_____ %	Vinyl .....	_____ %
Concrete .....	_____ %	Stamped/Textured .....	_____ %
Other .....	_____ %		

**Number of Baths**

Full Standard Baths.....	_____	Full Economy Baths .....	_____
Full Custom Baths .....	_____	Full Luxury Baths .....	_____
Half Baths.....	_____	Other.....	_____

**Special Conditions**

Wall height.....	<input type="checkbox"/> 8' <input type="checkbox"/> 9' <input type="checkbox"/> 10'	Framing .....	<input type="checkbox"/> Post & Beam <input type="checkbox"/> Steel <input type="checkbox"/> 2x4 <input type="checkbox"/> 2x6
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**Additional Building Features**

Fireplaces .....	_____	Air Conditioning.....	_____
Wood Deck.....	_____	Sky Lights .....	_____
Roof ACV .....	_____	Balcony .....	_____
Elaborate roof.....	_____	Evaporative cool .....	_____
Other .....	_____		

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**Coverage**

THIS POLICY IS SUBJECT TO THE TERMS, CONDITIONS, EXCLUSIONS, COVERAGES, ENDORSEMENTS, RATES AND FEES SET FORTH IN THE POLICY CONTRACT AND ANY ENDORSEMENTS ATTACHED HERETO. THIS POLICY IS NOT A CONTRACT. IT IS SUBJECT TO THE TERMS, CONDITIONS, EXCLUSIONS, COVERAGES, ENDORSEMENTS, RATES AND FEES SET FORTH IN THE POLICY CONTRACT AND ANY ENDORSEMENTS ATTACHED HERETO.

**\*Basic Coverage**

Dwelling \_\_\_\_\_

Separate Structures \_\_\_\_\_

Personal Property \_\_\_\_\_

Loss of Use \_\_\_\_\_

Personal Liability \_\_\_\_\_

Guest Medical \_\_\_\_\_

***Basic Coverage Deductible***

**Optional Coverage**

Jewelry Floater \_\_\_\_\_

*Jewelry Floater Deductible* \_\_\_\_\_

Extended Replacement  125%  150%

Fine Arts Floater \_\_\_\_\_

Silverware Floater \_\_\_\_\_

Fur Floater \_\_\_\_\_

Gun Floater \_\_\_\_\_

Loss Assessment \_\_\_\_\_

Increased Jewelry \_\_\_\_\_

Increased Computer \_\_\_\_\_

Increased Silverware \_\_\_\_\_

Increased Gun \_\_\_\_\_

Increased Securities \_\_\_\_\_

Child Care \_\_\_\_\_

Personal Injury  Covered  Not Covered

Number of In-servants \_\_\_\_\_

Number of Out-servants \_\_\_\_\_

W/H Tree Shrub  Covered  Not Covered

Separate Structures Non-Rent \_\_\_\_\_

Identity Theft \_\_\_\_\_

Building Ordinance  10%  25%  50%

Flood \_\_\_\_\_

Earthquake \_\_\_\_\_

Other \_\_\_\_\_

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