

Greg White & Associates

Home Insurance Quote Form

Personal Information

Name: _____ Spouse: _____
Birthday: _____ Birthday: _____
Social Security #: _____ Social Security #: _____
Smoker: Yes ___ No ___ Smoker: Yes ___ No ___
Address: _____ Township: _____
Phone #: _____ Other Household members _____

Home Information

Year build: _____ Square Footage: _____ Year moved in: _____ Age of roof: _____
Circle one: 1 story 2 story bi-level Cathedral ceilings: Yes ___ No ___
Basement: Yes ___ No ___ Finished: Yes ___ No ___ If yes, percentage: _____
Sewer / Drain Coverage: Yes ___ No ___ Amount: \$5,000 or \$25,000
Exterior of house: Siding ___% Brick ___% Other ___%
Walls: Paint ___% Wallpaper ___% Paneling ___% Other ___%
Floors: Carpet ___% Tile ___% Hardwood ___% Vinyl ___%
Bathrooms: 1 2 3 Half Baths: 1 2 3
Fireplace: Yes ___ No ___ Chimney: Yes ___ No ___ If yes: Masonry or Metal
Central Air: Yes ___ No ___ Three Seasons Room: Yes ___ No ___
Garage: Yes ___ No ___ if yes, Attached / Detached 1 2 3 car
Wood Deck: Yes ___ No ___ Sliding Doors: Yes ___ No ___
French Doors: Yes ___ No ___ Porch: Yes ___ No ___
Bay / Bow Window: Yes ___ No ___ Picture Window: Yes ___ No ___
Pool: Yes ___ No ___ if yes, In Ground or Above Ground
Jacuzzi: Yes ___ No ___ Hot Tub: Yes ___ No ___
Alarm System: Yes ___ No ___ Smoke Detectors: Yes ___ No ___
Deadbolts: Yes ___ No ___ Fire Extinguishers: Yes ___ No ___

Claims

Claim: _____ Date: _____ Amount: _____
Claim: _____ Date: _____ Amount: _____
Claim: _____ Date: _____ Amount: _____

Additional Quotes

Would you like an auto insurance quote? Yes ___ No ___
Would you like a life insurance quote? Yes ___ No ___

Please Fax back to us at (517) 487-1439
Mail back to us at 120 S. Detroit St. Lansing MI 48912
Or E-mail back to us at: gwhite3@farmersagent.com