



12 Center Street / PO Box 922
Travelers Rest, SC 29690
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Homeowner Quote Questionnaire

Basic Information

Your Name:	Spouse's Name
SSN:	SSN:
Date of Birth:	Date of Birth:
Occupation:	Occupation:

Home Phone _____ Cell Phone _____

Email Address _____

Best way to contact you _____

Please provide your Mailing Address if different from Property or Prior Address if you have moved in the last 6 months

Address _____

City, State, Zip code _____

County _____

Have you or your spouse ever declared bankruptcy? _____

Has any insurance company cancelled, non-renewed or refused to write a policy? If yes, explain.

Are there any lapses in coverage? Why? _____

Current Coverage

Knowing about your current coverage helps us to provide a more accurate quote.

Current Insurance Company _____

Current Policy Number _____ Expiration Date _____

Current Annual Premium _____ Dwelling coverage amount _____

Deductible _____ **Wind/Hail Deductible** _____

Have you made any Homeowners Claims in the last 5 years? If yes, please provide what type of claim, approximate amount paid out and an approximate date.

Do you require flood insurance? _____

Is home Owner Occupied / Rented / Vacant / For Sale (circle one)

Is the home under renovation? Yes / No Overall condition of home? Good / Needs Repair

Do you have an alarm system? _____ Police / Fire Date of Installation _____

Property Information

Property Address _____

City, State, Zip code _____

County _____

Mortgagee _____

Address _____

City, State, Zip code _____

Loan Number _____

Will your homeowners insurance be escrowed? _____

Month / year property purchased ____/____

Year house built _____ Brick Brick Veneer Siding

Number of Stories _____ **Square Footage** _____

Basement _____ Percentage of the basement finished _____

Responding Fire Department _____ Protection Class _____

Distance to the nearest fire house _____ Distance to the nearest fire hydrant _____

Would you like a quote on Water/Sewer Back-up coverage? _____ \$5,000 ___ \$10,000 _____

Roof Type: Architectural Shingles Asphalt Shingles Composition Other

Year roof replaced _____ **Repaired** _____

What year was the last update for: Plumbing _____ Heating/AC _____ Electricity _____

Circuit Breaker _____ # Amps _____ Roof _____

Number of Bedrooms _____ Full bathrooms _____ half baths _____

Customizations of Kitchen or Bathrooms (Marble/granite, custom cabinetry, Jacuzzi tub, etc.)

Floor Coverings:

Carpet ___% Vinyl ___% Ceramic Tile ___% Hardwood ___% Laminate ___% Other ___%

Number of Fireplaces _____ Wood burning _____ Gas _____

Wood burning stove or Furnace _____

Garage or Carport _____ Attached or Detached? _____ # Cars _____

Porch: square footage _____ Covered/Enclosed _____ Materials _____

Patio: square footage _____ Covered/Enclosed _____ Materials _____

Deck: square footage _____ Covered/Enclosed _____ Materials _____

Pool: In ground Above Ground Locked/fenced _____ Diving Board / Slide _____

Trampoline: Screened/fenced _____

Pets (include breed of any dogs) _____

Amount of jewelry/art/etc. to schedule _____

Is there a business on the property? _____

Are there more than 5 acres? _____ is there farming on the acreage? _____

Are there additional buildings on the premises? _____

Do you have any "Umbrella" Liability coverage? _____