



Request for Homeowner Insurance Quotation

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Today's Date: _____ Applicants Name: _____ Referred By: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Fax: _____ Ren/Closing Date: _____

What is most important to you in your insurance agent and company? _____

Property Address: _____ County: _____

Mailing Address: _____

Prior Address: (if less than one year) _____

Occupation: _____ Employer: _____

Marital Status: Single _____ Married _____ Date of Birth: ___/___/___ Social Security #: _____

Spouse's Name: _____ Occupation: _____ Employer: _____

Spouse's Date of Birth: ___/___/___

Claims history for last 5 years include date, description and amount paid: _____

Is there a trampoline? _____ If yes, is it fenced? _____ Is home under renovation? _____ If yes, describe _____

Pets of any kind: _____ Dog Breeds: _____ Bite History: _____

Dwelling Type: Single Family Home _____ Condominium _____ Apartment _____ Townhome _____ Other _____

Dwelling Limit: _____ Contents Limit: _____ Liability Limit: \$100,000 \$300,000 \$500,000

Medical Payments Limit: _____ Deductible: \$500 \$1000 \$2000 \$2500 \$5000 Bill to: Insured or Mortgagee

Mortgagee: _____ Loan# _____

Construction: Frame _____ Brick Veneer _____ Stucco _____ [Type: Dryvit, EIFS, or Hard Coat] Other: _____

Year Built: _____ Occupancy: Owner _____ Tenant _____ Residence Use: Primary _____ Secondary _____ Seasonal _____

How many miles to Fire Department _____ How many feet to Fire Hydrant _____ Non Smoker _____

Protective Devices: Smoke Alarm _____ Fire Exting. _____ Central Station Burglar _____ Central Station Fire _____ Sprinklers _____

Home Association Yes / No If yes, What is name? _____ Gated Community _____ Neighborhood Watch Comm _____

Renovations: Yr- _____ Heating (Part ___/Full ___) Yr- _____ Roof (Part ___/Full ___)

Yr - _____ Wiring (Part ___/Full ___) Yr- _____ Plumbing (Part ___/Full ___)

Other Structures On Property: ___ Swimming Pool (Fenced? ___), ___ Guest House (Rented? ___), ___

Tennis Court ___ Other: _____

Do you own boats ___ Recreational vehicles ___ Secondary homes ___ Rental properties _____

Any Business Conducted on Premises? Yes / No. If yes, nature of business _____

Any Residence Employees? Yes / No. If yes, number of employees _____, full or part time _____

Prior Carrier: _____ Policy #: _____ Expiration Date: _____

If cancelled or non-renewed, please provide explanation _____

Number of Stories: _____ Square Footage: _____ Roof Type: _____

Garage Garages: 1-car 2-car 3-car 4-car 5-car Square footage: _____

Is the garage a: built-in carport attached frame detached frame Basement carport w/storage
 attached masonry detached masonry

Is the air conditioning: using heating ducts using separate ducts, Gas or Electric

Type of Roof: asphalt clay tile or slate wood fiber wood Shakes wood shingles

Do you have fencing? If so what type & how long:

Foundation: slab-on-ground crawl Space basement (If basement % finished _____, %unfinished, square feet _____)

Please describe special features such as crown molding, fixtures, flooring, built-ins etc. _____

Scheduled Items: Amount of Jewelry _____ Amount of Fine Arts _____ Amount of Furs _____

Amount of Silver _____ Other: _____

Would you like us to quote any of the following? Flood insurance ___ Identity Theft Insurance ___

Earthquake Insurance ___ Mold Remediation Insurance ___

If you would like additional Personal Liability Coverage, or a Personal Umbrella Policy, please check desired limit or limits

for quotation: \$1,000,000 ___ \$2,000,000 ___ \$3,000,000 ___ \$4,000,000 ___ \$5,000,000 ___

Potter Holden & Company Information Release Form

As part of the application process in obtaining the insurance coverage you are requesting, as agents, we may order one or more consumer reports. A consumer report may contain information on credit history, claims and driving record.

Under the Fair Credit Reporting Act, we, as agents, may review consumer reports to evaluate anyone who applies for insurance within our agency. In the event that coverage is denied to you based wholly or partly on information in a consumer report, you will be notified of this fact, and given the name and address of the consumer reporting agency.

In consideration of the above, your signature below acknowledges your release to order one or more consumer reports.

Applicant Signature

Date

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