

Homeowners Insurance Quotation Survey:

Send to Frank Gittinger, 1739 Citadel Plaza, San Antonio, TX 78209, e-mail: fcg@gittingercos.com or fax 210-805-1290

Applicant Information:

Titled of Name Insured: _____		Date of Birth: _____
Location Address _____		Work #: _____
City _____		Cell #: _____
Zip Code _____		Fax #: _____
Policy Renewal Date: _____		
Social Security # - -	(If you are uncomfortable providing this number over the internet I can call you)	

Underwriting and Rating Information:

How old is your home? _____	Exterior Construction:	<input type="checkbox"/> Solid Masonry	<input type="checkbox"/> Masonry	<input type="checkbox"/> Veneer	<input type="checkbox"/> Frame	<input type="checkbox"/> Stucco
*Burglar Alarm Type: <input type="checkbox"/>	Station Monitoring	<input type="checkbox"/>	Local Gong	Name of Alarm Company: _____		

* We will need a copy of your monthly alarm monitoring invoice to provide discount at the time of policy issue.

Age of the Roof: _____	Roofing Material: _____	Age of Plumbing: _____	Age of Wiring: _____
Interior Sq. Feet: _____	Do you have a Trampoline? <input type="checkbox"/>	Vicious dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recreational Vehicles? <input type="checkbox"/>	ATV, Golf Cart, etc? <input type="checkbox"/>	Jet Ski or Wave Runner? _____	
Have a Swimming Pool? <input type="checkbox"/>	With a Diving Board? <input type="checkbox"/>	Do you have a Hot Tub? _____	
In a Gated Community? <input type="checkbox"/>	Guard 24/7? <input type="checkbox"/>	Is there a detached Garage Apartment? <input type="checkbox"/>	

Please describe the past 3 years of Claims History:

Coverage Limit Liability:			
Dwelling Coverage A: \$		Wind and Hail Deductible 1% or \$	
Liability Limit: \$	500,000		
Medical Payments \$	1,000	Other Perils Deductible 1% or \$	

Optional Endorsements: Optional Endorsement to be checked and added:

Basic Additional Coverage (included):

- | | | |
|---|-----------|---|
| <input type="checkbox"/> Residential Glass | | <input type="checkbox"/> Identification Theft \$15,000 |
| <input type="checkbox"/> Water Damage, Burst Pipes, Leaky Pipes | \$ 25,000 | <input type="checkbox"/> Personal Injury Liability (Libel, Slander) |
| <input type="checkbox"/> Unscheduled Jewelry / Furs | \$ 5,000 | |

Enhanced Additional Coverage:

- | | | |
|---|----|--|
| <input type="checkbox"/> Scheduled Jewelry | \$ | <input type="checkbox"/> Additional Premises Liability: |
| <input type="checkbox"/> Increased amount for Guns (over \$5,000) | \$ | <input type="checkbox"/> Computer Coverage (Personal Use Only) |
| <input type="checkbox"/> Increased amount for Silverware (over \$5,000) | \$ | <input type="checkbox"/> Satellite Disk/Antenna |

Special Additional Coverage:

- | | | |
|--|----|---|
| <input type="checkbox"/> Federal Flood Insurance * | \$ | <input type="checkbox"/> Other Structures & Garage Rental |
| <input type="checkbox"/> Office Occupancy Liability | \$ | <input type="checkbox"/> Physician Instruments \$ |
| <input type="checkbox"/> Collectibles Antiques | \$ | <input type="checkbox"/> Green House - Windstorm \$ |
| <input type="checkbox"/> Additional Insured (Interest Divorce, Living Trust) | | <input type="checkbox"/> Business Pursuits (Teachers) |

Miscellaneous Additional Coverage:

- | | | |
|--|----|---|
| <input type="checkbox"/> Farmers Liability Acreage: | # | <input type="checkbox"/> Loss Assessments (Gated Community) |
| <input type="checkbox"/> Watercraft Liability | | <input type="checkbox"/> Money & Bank Card |
| <input type="checkbox"/> Valuable Papers - Stocks Certs. Trading Cards Etc | \$ | <input type="checkbox"/> Personal Inland Marine (need schedule) |
| <input type="checkbox"/> Increased Business Property (On Premises Only) | \$ | <input type="checkbox"/> Schedule Glass (Doors) |

Mortgage Company Name and Address: _____	Loan # _____
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