

HOMEOWNER'S INSURANCE QUOTE REQUEST FORM



Please complete as much information as possible so that we can provide you with an accurate rate quote. Completed forms can be returned by mail, faxed to 281.337.2078 or emailed to personallines@maximgroup.com.

CONTACT INFORMATION

Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

PROPERTY INFORMATION

Street Address _____
City _____ State _____ Zip _____ Country _____
Name of Current Insurance Carrier _____
Forced Placed? Yes No Exp. Date _____

Describe any losses/claims in the past 3 years, and indicate who paid the premium (insured or mortgagee).

New Purchase? Yes No Loan Amount _____ Closing Date _____
Yr. Dwelling Built _____ Yr. Roof Replaced _____ Yr. Wiring Updated _____ Yr. Plumbing Updated _____
Construction Type (Brick, Frame, etc.) _____
Roof Type (Composition, Tile, Metal, etc.) _____
Foundation Type _____
Garage Type (Attached, Breezeway, etc.) _____ Garage Size (# of Cars) _____
of Stories _____ Total Sq. Ft. of Living Space _____ # of Bedrooms _____ # of Bathrooms _____
Do you have any of the following items on premises?
 Monitored Alarm System Swimming Pool Trampoline Dogs *Number and Breed:* _____
Have you ever filed for bankruptcy? Yes No Year _____

INSURED INFORMATION

Insurance companies may also use information provided by other sources, including driving, claims and credit history, to calculate your rate. Each insurance company has a privacy policy that explains how they will use your personal information and how you may access or correct it.

NAME	DATE OF BIRTH	SOCIAL SECURITY #	OCCUPATION

Please list any special endorsements (jewelry, computers, artwork, etc.) you'd like to add to the policy, or provide a copy of your current coverage.