

HI Haymond Insurance

“Taking Care of Tomorrow”

Property Quote			
Print or Type Information			
Name:		Email:	
Phone:			
DOB:	SS#:	Occupation:	
Name:		Email:	
Phone:			
DOB:	SS#:	Occupation:	
Mailing Address:			
City:		State:	Zip:
Property Address:			
City:		State:	Zip:
Marital Status: M S D W	Retired: Yes <input type="checkbox"/> No <input type="checkbox"/>		
List all additional occupants.			
Homeowners/LPP/Renters/Condo			
New Purchase? Yes <input type="checkbox"/> No <input type="checkbox"/>	Year Built:	Square Footage:	
If the construction is older than ten years, when was the roof replaced?			
Building Type:	# of Levels:	Slab <input type="checkbox"/>	Crawl Space <input type="checkbox"/> Other <input type="checkbox"/>
Roof Type:	% finished:	Basement? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Central Heat? Yes <input type="checkbox"/> No <input type="checkbox"/>	Central Air? Yes <input type="checkbox"/> No <input type="checkbox"/>	Fireplace? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Attached Carport? Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached Garage? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Detached Carport? Yes <input type="checkbox"/> No <input type="checkbox"/>	Detached Garage? Yes <input type="checkbox"/> No <input type="checkbox"/>		
# of Bedrooms:	# of Bathrooms:	# of ½ Baths	# of Living Rooms
# of Dining Rooms:	# of Other Rooms:	Shed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pool? Yes <input type="checkbox"/> No <input type="checkbox"/>
Hot Tub? Yes <input type="checkbox"/> No <input type="checkbox"/>	Trampoline? Yes <input type="checkbox"/> No <input type="checkbox"/>		Dogs? Yes <input type="checkbox"/> No <input type="checkbox"/>
Flooring: Carpet <input type="checkbox"/> Tile <input type="checkbox"/> Hardwood <input type="checkbox"/> Laminate <input type="checkbox"/> Other <input type="checkbox"/>			
Protection Discounts: Dead Bolt Locks <input type="checkbox"/> Smoke Detector <input type="checkbox"/>			
Fire Extinguisher <input type="checkbox"/> Alarm System: Local <input type="checkbox"/> Monitored <input type="checkbox"/> Neither <input type="checkbox"/>			
Present Insurance Company:		How long?	
Policy Number/Effective Date:		Deductible:	
List any additional coverages needed (jewelry, valuables, guns, etc).			
		Purchase Price: _____	
		Closing Date: _____	
		Title Company: _____	
		Contact Person: _____	