



PO Box 230
 Petersburg, IL 62675
 Tel. 1-877-502-8995
 Fax 217-632-2216

Homeowners Quote Sheet

Quote Needed By	Phone	Date

Client Name

Address	City	State	Zip

Owners Names	DOB	Social Security #

Current Carrier	Exp Date	Losses last 3 and 5 years

Coverages	Current Coverages	Endorsements Options
Dwelling		Mines Subsidence
Other Structures		EQ _____% ded
Contents		Sewer/Backup Limit
Loss of Use		Flood
Personal Liability		Scheduled Property
Medical Payments		Antiques
Deductible		Ordinance and Law
Auto/Home Discount		Watercraft
		Recreational Vehicles
Swimming Pool		Personal Injury
Trampoline		Umbrella
Dogs / Pets		Other

Remarks / Notes	Deductible Options
Year Built Roof update Electrical update Plumbing update HVAC update	<u>Deductible Options</u> <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500



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Auto Insurance Quote Sheet

Quote Needed By	Phone	Date

Client Name

Address	City	State	Zip

Current Carrier	Exp Date	Auto/Home Discount

	Driver Name	M/S	DOB	Driver License	Social Security
1					
2					
3					
4					

Year	Make	Model	VIN	Coverages Full Liability Only

	Tickets	Accidents	Vehicle Use	Limits to quote	deductibles	deductibles
1				Limits to quote: <input type="checkbox"/> 20/40/15 <input type="checkbox"/> 25/50/25 <input type="checkbox"/> 50/100/50 <input type="checkbox"/> 100/300/100 <input type="checkbox"/> 250/500/100 <input type="checkbox"/> _____ <input type="checkbox"/> Medical Payments <input type="checkbox"/> _____	Comp: <input type="checkbox"/> 0 <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> Tow <input type="checkbox"/> Rental	Collision: <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000
2						
3						
4						

Remarks / Notes

ATV's Motorcycle etc.
