

# Homeowner's Insurance Quote Form

Applicant Information			
<b>Name:</b>			
<b>Property Address:</b>	<b>Phone:</b>		
<b>Mailing Address:</b> <small>(if different)</small>	<b>Fax:</b>		
<b>Referred By:</b>	<b>Email:</b>		

Underwriting Questions			
<b>Year Built:</b>	If home is over 25 years old, please indicate if updates have been made:		
<b>Style of Home:</b>	<b>Electric</b>	<b>Y or N</b>	
<b>Purchase Price:</b>	<b>Heating</b>	<b>Y or N</b>	
<b>Mortgage Amount:</b>	<b>Plumbing</b>	<b>Y or N</b>	
Closing Date: <small>(New purchase only)</small>	<b>Roof</b>	<b>Y or N</b>	
MLS #	Wood Stove:	<b>Y or N</b>	Non-Smokers: <b>Y or N</b>
Number of Families	Heat Type:		Alarm System: <b>Y or N</b>
Occupancy: <small>(Please check)</small>	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> New Construction <input type="checkbox"/> Vacant	Swimming Pool If yes: <input type="checkbox"/> Above ground <input type="checkbox"/> In ground <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide	Trampoline: <b>Y or N</b> w/netting <input type="checkbox"/>
Roof Type: <small>(Please check)</small>	<input type="checkbox"/> Pitched <input type="checkbox"/> Flat	Pets: If a dog, what breed?	<b>Y or N</b>
Bankruptcy/ Foreclosure in the past 5 years	<b>Y or N</b>	Non-Renewed	<b>Y or N</b>
Prior Losses in the past 5 years	<b>Y or N</b>	If past losses, please indicate:	Loss Date: _____ Loss Type: _____ Amount Paid: _____ Unrepaired Damage: <input type="checkbox"/>

**Please fax or email to LTB Insurance Agency**  
**Tel: (781)365-1800**  
**Fax: (781)221-0031**  
**Lisa@ltbinsurance.net**  
**www.ltbinsurance.net**