

Homeowner's Insurance Quote Form

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

Underwriting Questions			
Year Built:	If home is over 25 years old, please indicate if updates have been made:		
Style of Home:	Electric	Y or N	
Purchase Price:	Heating	Y or N	
Mortgage Amount:	Plumbing	Y or N	
Closing Date: <small>(New purchase only)</small>	Roof	Y or N	
MLS #		Wood Stove: Y or N	Non-Smokers: Y or N
Number of Families		Heat Type:	Alarm System: Y or N
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: Y or N 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?	Y or N
Bankruptcy/ Foreclosure in the past 5 years	Y or N	Non-Renewed	Y or N
Prior Losses in the past 5 years	Y or N	If past losses, please indicate:	Loss Date: _____ Loss Type: _____ Amount Paid: _____ Unrepaired Damage: <input type="checkbox"/>

Please fax or email to LTB Insurance Agency
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