



Help you to protect future

For more information, contact our office at: 732-820-0047

Completed form send to: Fax (609) 423-1273 or

Email: inquiry@neptunefinserve.com

TO GET PROPER DISCOUNT, PLEASE ENTER ALL DATA CORRECT & READABLE

Personal Home Insurance Quote Form

Insured Name: _____

Social Security # _____ DOB: _____

Property Address: _____

Time @ Address: _____ Years _____ Months

Phone Number: _____ E-Mail: _____

Is insurance needed for a closing? ___ Yes ___ No Closing Date: _____ Mortgage Amount: \$ _____

Mortgagee Name and Full Address: _____

Attorney for closing and fax #: _____

Any other houses owned? ___ Yes ___ No Where? _____

Have you been covered continuously for the past three years (with any carriers)? ___ Yes ___ No

Name of Current Carrier: _____

Years with them: _____ Expiration Date: _____ Current Premium: \$ _____

Any Homeowner's claims in the past? ___ Yes ___ No If yes, describe: _____

Home info: ___ Primary ___ Secondary ___ Income Property ___ Condo / Renter's Insurance

Construction Type: ___ Dwelling ___ Rowhouse ___ Bi-level ___ Condo ___ Townhouses ___ Apartment

Year Built: _____ Number of Stories: _____

Home Type: ___ Single Family ___ Two Family ___ Three Family ___ Four Family

Amt of Coverage Needed for the Home (Replacement Construction cost of rebuilding): \$ _____



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Deductible needed? ___ 1/2 % ___ 1% ___ \$100 ___ \$250 ___ \$500 ___ \$750 ___ \$1000 \$_____ Specify

If a condo – amount needed for additions and alterations: \$ _____ (Check w/ Master Condo Policy)

Amount for contents (for condo and renter’s insurance): \$ _____

Approx. Square Footage of Home: _____ How many bedrooms? _____ Bathrooms? _____

Any porches or decks? ___ Yes ___ No If yes, what size? _____

Garage? ___ Yes ___ No Attached? ___ Y ___ N Detached? ___ Y ___ N

How many cars? _____ Any pool? ___ Yes ___ No Diving Board? ___ Yes ___ No

Fireplace? ___ Yes ___ No Trampoline? ___ Yes ___ No Basement? ___ Yes ___ No

Finished / Unfinished ___ Yes ___ No Any pets? ___ Yes ___ No If so, what type? _____

If a dog, what breed? _____ What type of heat in home? _____

If oil, underground tank? _____ How old? _____ Distance from Fire Station? _____ Miles

Distance from Fire Hydrant? _____ Feets What type if Air Conditioned? ___ Electric ___ Heat

Do You have burglar alarm system? ___ Yes ___ No ___ Central Station ___ Local ___ Direct
(Need letter / certificate of services from alarm company)

Do you have Smoke detector? ___ Yes ___ No ___ Central Station ___ Local ___ Direct

Do you have Fire detector? ___ Yes ___ No ___ Central Station ___ Local ___ Direct

Do you have sprinkler system? ___ Yes ___ No

Exterior Walls ___ Vinyl Siding ___ Brick ___ Stucco ___ Wood Siding _____ Other

Roof Types: ___ Asphalt Shingles ___ Wood Shingles ___ Architectural Shingles _____ Other

Updates to the Home: Year of update: _____ Total Amt of updates? \$ _____

Details: _____



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Years of Roof: _____ Electric: _____ Plumbing: _____ Heating: _____

Would you like get to quote for Flood Insurance? ____ Yes ____ No

(Not included in regular homeowner's insurance)

Would you like to get quote Earthquake Insurance? ____ Yes ____ No

(Not included in regular homeowner's insurance)

Any scheduled Personal items to add in the policy? (Jewelry, Silver, Computers, Collections) ____ Yes ____ No

If yes, give type and value with separate Sheet. (Appraisals or receipts will be needed prior to binding coverage)

How much Personal liability coverage needed? _____ (Min 25K Max 500K)

How much medical expense coverage needed? _____ (Default 1000, Max 5K)

Extra endorsement Needed? ____ Replacement Cost ____ Personal Injury ____ Water Backup

____ Business Pursuits ____ Identity Theft

Eligible to Credit? ____ Retirees ____ Non-Smoker ____ Multipolicy ____ Retirement Community

____ Gated Community ____ Manned Security ____ Visible to Neighbors

____ Dead Bolt Lock ____ Limited Access Community

Credit score is used by insurance companies to determine your premium. By signing this form, you are giving us permission to run your credit.

Print Name of Insured

Sign of Insured

Date

Note: "Have friends that wants to save money on insurance? Forward them our contact information with your honest thoughts about our services. Your friend will thank you for saving money and we'll thank you for the compliment."