



U.S. Risk

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PERSONAL LINES HOME/FIRE QUOTE REQUEST FORM

Taylor.Lenze@usrisk.com

Agency _____ Contact Name _____

Agent Email _____ Phone# _____

POLICY FORM REQUESTED – Homeowner Dwel ing Fire Condo Renters

NAMED INSURED _____ EFFECTIVE DATE _____

OCCUPATION _____ SS# _____ DATE OF BIRTH _____

LOCATION ADDRESS _____ COUNTY _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

PHONE _____ CURRENT CARRIER _____ EXP DATE _____

IF NEW PURCHASE, INSURED'S CURRENT ADDRESS _____

HOME INFORMATION

YEAR BUILT _____ YR OF UPDATES - ROOF _____ HEATING _____ WIRING _____ PLUMBING _____

SQ FT _____ # OF STORIES _____ PROTECTION CLASS _____ ROOF TYPE _____

CONSTRUCTION _____ OCCUPANCY (OWNER/TENANT/PRIMARY/SECONDARY) _____

FOUNDATION TYPE _____ SWIMMING POOL? _____ POOL FENCED? _____ TRAMPOLINE? _____

CENTRAL FIRE ALARM _____ CENTRAL BURGLAR ALARM _____ MORTGAGEE? _____

DOGS ON THE PREMISES? _____ IF SO, WHAT BREED(S)? _____

TOWNHOME OR SINGLE FAMILY DWELLING? _____

IF CONDO, HOW MANY UNITS ARE THERE? _____

AMOUNT OF COVERAGE (REPLACEMENT COST)

DWELLING _____ DEDUCTIBLES REQUESTED _____

OTHER STUCTURES _____

CONTENTS _____

LIABILITY _____

MED PAY _____

ANY LOSSES IN THE PAST 5 YEARS?

DATE OF LOSS _____ AMOUNT PAID _____ OPEN OR CLOSED? _____

TYPE OF LOSS/DESCRIPTION _____

ADDITIONAL REMARKS:

This form is for quote purposes only. This is not an application.