
Application for Home Quote

(Please print a copy of this application, complete all sections, and submit as instructed on last page)

Applicant / Homeowner Information

Name: _____

Address: _____
Address Line 1

_____ Address Line 2

_____ City _____ State _____ Zip

County: _____

Phone: (____) ____ - ____ - ____
Area Ext.

Occupation: _____

Employer: _____

Current Policy

Current Insurer: _____

Policy Expires: ____ / ____ / ____
mm dd yyyy

Structure

Home Style: Ranch Two-Story 1½ Stories
 Bi-Level Tri-Level Duplex
 Other: _____

Frame / Masonry: _____

Year of Construction: _____

Space

Main Floor: Square Feet: _____

Basement: Square Feet: _____ Unfinished Sq. Ft: _____

No. of Bedrooms: _____

No. of Bathrooms: _____

Coverage

Housing Replacement Cost: \$ _____ **Deductible:** \$ _____

Liability / Medical Pay: \$ _____

Water Backup: Amount: _____

Additional Information

No. of Families: _____

Responding Fire Dept.: _____

Check All Present: Smoke Alarm Fire Extinguishers Dead-Bolt Locks
 Alarm System Fence to Enclose Pool Dogs
 Trampoline

Recreational Vehicles: _____
(Please Detail) _____

Scheduled Personal Property: _____
(Please Detail) _____

Please mail completed forms to:

Lester, Smart, Fehrman, Treml & Arendt
P.O. Box 9
Wisconsin Rapids, WI 54495-0009

or fax them to:

(715) 423-4360

or visit us at:

210 Ninth Street South
Wisconsin Rapids, WI