

PIONEER INS AGENCY – HOME QUOTE SHEET (fax to: 715-228-5548)

DATE: _____ YOUR AGENCY: _____

INSURED: _____ PHONE: _____

INSURED LOCATION: _____

MAILING ADDRESS (IF DIFFERENT): _____

OWNER OCCUPIED?: _____ SEASONAL?: _____

RENEWAL DATE: _____ TOWNSHIP: _____ MORTGAGEE FREE: _____

MILES TO PRESSURIZED WATER: _____ TYPE OF SIDING: _____

INSURE DWELLING FOR: _____ DEDUCTIBLE: _____

AGE OF DWELLING: _____ GROUND FLOOR SQ FT: _____ # OF STORIES: _____

ROOF MATERIAL & AGE: _____ TYPE OF HEAT: _____

DESCRIBE ANY WOOD BURNING UNITS INSIDE: _____

DESCRIBE ANY WOOD BURNING UNITS OUTSIDE: _____

CENTRAL AIR: _____ ELECTRIC: 100 AMP _____ 200 AMP _____ OTHER _____

PERS PROP COV: _____ w/RC: _____ FIRE ALARM SYSTEM: _____

ATTACHED GARAGE: _____ SIZE: _____

DESCRIBE ALL OTHER STRUCTURES, INCLUDE TYPE, SIZE AND VALUE FOR EACH: _____

INDICATE WHETHER COVERAGE IS DESIRED OR NOT

ARE THERE ANY FARM TYPE STRUCTURES: _____

LIABILITY: \$ 300,000 _____ \$500,000 _____ \$1,000,000 _____
MED PAY: \$1,000 _____ \$5,000 _____ \$10,000 _____ NUMBER OF ACRES: _____

DO YOU OWN OR CARE FOR DOGS: LIST NUMBER & BREED, BE SPECIFIC: _____

SWIM POOL: _____ SIZE: _____ FENCED: _____

TRAMPOLINE: _____ SLEDS, ATV'S, TOYS: _____

SPECIAL PROPERTY/COLLECTABLES: _____

CLAIM HISTORY: _____

DO THEY QUALIFY FOR 3 YEAR CLAIM FREE DISCOUNT: _____

ORDINANCE OF LAW COVERAGE DESIRED: _____ WHY: _____