

# Insurance Markets Unlimited

P.O. Box 756 Yoakum, Texas 77995 Phone: 1-888-468-8835 Fax: 1-888-329-4684 E-mail: [IMU@Hochheim.com](mailto:IMU@Hochheim.com)

## HOMEOWNERS QUOTE REQUEST FORM

Insured Name \_\_\_\_\_ Effective Date(i.e. 01/01/2003) \_\_\_\_\_  
Property Address \_\_\_\_\_  
Town \_\_\_\_\_ County \_\_\_\_\_ ZIP \_\_\_\_\_ (Required)  
Occupation \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_  
Inside City Limits? PPC Distance to: 1)Fire Station \_\_\_\_\_ mi. 2)Hydrant \_\_\_\_\_ ft  
Responding Fire Department \_\_\_\_\_ Wood Burning Stove  
Construction Type \_\_\_\_\_ Alarm System? Type \_\_\_\_\_  
Sq Ft \_\_\_\_\_ Year Built \_\_\_\_\_ # of stories Residence type  
Age of: Wiring \_\_\_\_\_ yrs Plumbing \_\_\_\_\_ yrs Roof \_\_\_\_\_ yrs Type of Roof \_\_\_\_\_ Overlay?  
Foundation Type \_\_\_\_\_ Any Animals on Premises? What type? \_\_\_\_\_  
If a dog, what breed or mix? \_\_\_\_\_ ("Mixed", "Mutt" or "Heinz 57" are not acceptable descriptions)  
Is there a business in the home? Type of Business? \_\_\_\_\_ Sq Ft used \_\_\_\_\_  
Is there an ATV on premise? Is the house on more than 5 acres?  
If Daycare, # of children \_\_\_\_\_ Registered? G.L. coverage?  
Is there a trampoline? Is there a swimming pool? Fenced?  
Has the insured filed bankruptcy in past 3 years? If yes, explain \_\_\_\_\_

### Coverages/Amounts/Deductibles

### Homeowners Form \_\_\_\_\_

Coverage A(Dwelling) \$ \_\_\_\_\_ (Max on most risks is \$500,000. Higher limits available on preferred risks.)  
Coverage B(Contents) \$ \_\_\_\_\_ (Unless otherwise indicated, 40% on HO-A, 60% on HO-B)  
Coverage C(Liability) \$ \_\_\_\_\_ (Max on most risks is \$100,000. Higher limits may be available on preferred risks and/or where umbrella is necessary. Limit of liability on swimming pool related claims is limited.)  
Coverage D(Med Pay) \$ \_\_\_\_\_  
Deductible Clause 1 \$ \_\_\_\_\_ (Minimum of 1% or \$500, whichever is greater, is required by most carriers.)  
Deductible Clause 2 \$ \_\_\_\_\_ Territory or other conditions may warrant even higher deductibles.)  
Water buyback amount \$ \_\_\_\_\_ (If available)

HO-101 Replacement Cost HO-105 Residence Glass HO-110 Add'l Limits \$ \_\_\_\_\_

List other endorsements requested: \_\_\_\_\_

**IMPORTANT: Unless otherwise indicated, quotes provided will exclude:** Trampoline liability, Animal liability, Mold coverage, "Accidental discharge of water" coverage.

Previously non-renewed or cancelled? If yes, why? \_\_\_\_\_

Previous carrier \_\_\_\_\_ Expiration date: \_\_\_\_\_

If no previous carrier, why not? \_\_\_\_\_

If new purchase, date purchased \_\_\_\_\_ Number of claims in last 5 years \_\_\_\_\_ (list below)

Date	Type of Loss/Description	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Remarks \_\_\_\_\_

Agency requesting quote from **Insurance Markets Unlimited:**

Agency Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact E-mail \_\_\_\_\_

**FOR QUOTE PURPOSES ONLY. MUST BE FULLY COMPLETE. THIS IS NOT AN APPLICATION.**