

## Graham-Rogers Dwelling/Homeowner Quote Request Form

Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Applicant Info:

Name: \_\_\_\_\_ If in a **Company/Trust/Inc/Corp** – please list name of owner: \_\_\_\_\_  
DOB(**required**): \_\_\_\_\_ SSN: \_\_\_\_\_  
Email address: \_\_\_\_\_ Primary Phone number: \_\_\_\_\_  
Location address: \_\_\_\_\_  
Current Mailing address: \_\_\_\_\_  
If moved in the last 6 months - Prior Mailing address: \_\_\_\_\_

**\*\*If any conviction of fraud, arson or insurance related offenses, OR in foreclosure or 60 days past due on mortgage payment for any property--- Applicant is not eligible.**

### Dwelling Info(required info):

Requested Effective Date: \_\_\_\_\_  
Occupancy: Owner \_\_\_ Rental \_\_\_ Seasonal \_\_\_ Vacant \_\_\_ list vacancy reason \_\_\_\_\_  
Year built: \_\_\_\_\_ Square Feet: \_\_\_\_\_ Protection Class: \_\_\_\_\_  
Year of roof mm/yy: \_\_\_/\_\_\_ Type of roof: \_\_\_\_\_  
Construction Type \_\_\_\_\_ # of Families \_\_\_\_\_ # of Stories \_\_\_\_\_  
Foundation Type: \_\_\_\_\_ Number of dwellings owned? \_\_\_\_\_

### Underwriting:

Prior Insurance canceled, non-renewed or declined?(except MO) List reason \_\_\_\_\_

**Current Carrier:** \_\_\_\_\_ **Expiration date:** \_\_\_\_\_

If new Purchase: Approximate closing date: \_\_\_\_\_ Purchase Price (excl land): \_\_\_\_\_

Primary Heat source thermostat controlled? Yes \_\_\_ No \_\_\_

Heating Type? Gas \_\_\_ Electric \_\_\_ Other(Please list) \_\_\_\_\_

Any Farming or Business operations on premises? Explain: \_\_\_\_\_

Any Animals or Pools? Explain: \_\_\_\_\_

**Claim history** for ALL properties owned in the last 3 years:  
\_\_\_\_\_

### Coverages:

Dwelling Limit: \_\_\_\_\_ ACV \_\_\_ RCV \_\_\_ or Full Repair Cost \_\_\_  
Personal Property: \_\_\_\_\_ ACV \_\_\_ RCV \_\_\_  
Adjacent Structures: \_\_\_\_\_ Deductible: \$1000 \_\_\_ \$2500 \_\_\_ \$5000 \_\_\_  
Additional Living Expenses \_\_\_\_\_  
Liability: \_\_\_\_\_ Med Pay: \_\_\_\_\_  
Vacant Under renovation limit: \_\_\_\_\_ - Total value of home after renovation: \_\_\_\_\_

### Optional coverages (some coverages may not apply to all programs)

Earthquake \_\_\_ Theft \_\_\_ Water Backup \_\_\_ Water Damage \_\_\_ Vandalism & Malicious Mischief \_\_\_  
Residence Burglary \_\_\_ Identity Recovery \_\_\_ Equipment Breakdown \_\_\_ Service Line \_\_\_  
Ordinance or Law \_\_\_ Builders Risk/Renovation (vacant only) \_\_\_  
HOMEOWNER Add on's: Enhanced Coverage \_\_\_ Hobby Farming \_\_\_ Scheduled Personal property \_\_\_

### Discounts & Surcharges:

Any central, local alarms? LIST: \_\_\_\_\_ Deadbolts, fire extinguishers & smoke alarms \_\_\_\_\_  
Woodstove or Fireplace insert: \_\_\_\_\_ More than 1 policy with American Modern \_\_\_  
Is the applicant a member of AAA, USAA or Landlord Association? \_\_\_  
Is there an auto policy written for applicant through your agency \_\_\_  
Will policy be mortgage billed \_\_\_ Will applicant be paying in full \_\_\_ Will applicant enroll in paperless policy delivery \_\_\_

Remarks: