



27 Pine Hollow Road, Oyster Bay, NY 11771

Phone 516-922-9131

Fax 516-922-9014

email: [custserv@oysterbayinsurance.com](mailto:custserv@oysterbayinsurance.com)

[www.oysterbayinsurance.com](http://www.oysterbayinsurance.com)

## Home Quote Sheet

Date: \_\_\_\_\_

### Applicant Information

Full Name:

<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Date of Birth</i>	<i>SS#</i>
_____	_____	_____	_____	_____
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Date of Birth</i>	<i>SS#</i>
_____	_____	_____	_____	_____

Address:

\_\_\_\_\_

*Street Address*

\_\_\_\_\_

*City* *State* *ZIP Code*

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Dwelling Information

Property Location: \_\_\_\_\_ Year Built: \_\_\_\_\_

\_\_\_\_\_ Total Living Area: \_\_\_\_\_

Distance to FD: \_\_\_\_\_ Distance to Hydrant \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Age of Heating System: \_\_\_\_\_ Oil [ ] Gas [ ] Age of Hot water Heater: \_\_\_\_\_ Wood Stove Y / N

Location of tank if oil heat: Basement [ ] Outside above ground [ ] Outside below ground [ ] Sump Pump Y / N

Age of Roof: \_\_\_\_\_ Are there any flat sections of Roof Y / N Central Fire Alarm Y / N Central Burglar Alarm Y / N

Type of Siding \_\_\_\_\_ Backup Generator Y / N Pool Y / N Trampoline Y / N

Dog Y / N (Breed) \_\_\_\_\_

Upgrades done since built: *(include all work related to roofing, plumbing, electric & heating – be specific, include dates)*

\_\_\_\_\_

\_\_\_\_\_

### Coverage

Current Coverage: *(skip if new purchase)*

Dwelling Limit: \_\_\_\_\_

Loss of Use: \_\_\_\_\_

Other Structures: \_\_\_\_\_

Liability: \_\_\_\_\_

Personal Property: \_\_\_\_\_

Medical Payments: \_\_\_\_\_

Endorsements attached to policy:

Deductible: \_\_\_\_\_ Hurricane Ded: \_\_\_\_\_

Replacement cost dwelling Y / N

Replacement cost personal property Y / N

Scheduled Personal Property Y / N *(list all items in remarks with amounts – appraisals may be needed)*

*All other endorsement should be listed in remarks*

## Mortgage

1<sup>st</sup> Mortgagee \_\_\_\_\_

\_\_\_\_\_

Loan# \_\_\_\_\_

2<sup>nd</sup> Mortgagee \_\_\_\_\_

\_\_\_\_\_

Loan# \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Escrow Y / N

*Please email a copy of the bank appraisal if house is a new purchase.*

## Other

Referred by: \_\_\_\_\_

Current Insurance Company \_\_\_\_\_ Expiration Date \_\_\_\_\_

Primary Residence Y / N      Secondary Residence Y / N      Seasonal Residence Y / N *(explain fully in remarks)*

House in foreclosure Y / N      New Purchase Y / N      Non-Smoking Household Y / N

Dog Y / N (Breed) \_\_\_\_\_

#Full Baths \_\_\_\_\_ #Half Baths \_\_\_\_\_ Basement Y / N      %Finished Basement \_\_\_\_\_

Prior Address (if less than 3 years at current or if new purchase)

\_\_\_\_\_

### REMARKS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLAIMS *(list all claims made for past 5 years)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit by email or fax along with copy of current policy (if available)