



GILL INSURANCE

Homeowners Quote Sheet

For a fast and accurate quote, please complete and fax to (803) 328-2359 or email to jgill@gillagencies.com.
A quote will be provided to you within 24 hours.

APPLICANT INFORMATION

Effective Date Requested:

Applicant Name:

Contact Number:

E-mail:

Location of Home:

Mailing address (if different):

Date of Birth:

Social Security Number:

HOMEOWNERS INFORMATION

Amount of Homeowner Coverage requested:

Deductible:

Heated Square Feet:

Year Built:

Age of Roof (if older than 10 years):

Type of Construction:
(brick, frame?)

Heat Source:
(gas, electric?)

Built on Crawl Space or Slab?

Fireplaces?

Smoke Alarm?

Deadbolt?

Fire Extinguisher?

Burglar Alarm?

If yes, describe:

Swimming Pool?

Trampoline?

Is the home in city limits?

CURRENT CARRIER / NEW PURCHASE INFORMATION

Current Insurance Company:

Closing Attorney Info:

Closing Attorney Contact:

Mortgage Company Info:

Mortgage Company Contact:

REMARKS / ADDITIONAL INFORMATION

(if spouse is listed on policy, please provide spouse's name, date of birth and social security number)