

HOMEOWNER'S INSURANCE

CONTRACT PREPARATION WORKSHEET

TOLL FREE PHONE: (888) 721-4977 FAX (248) 208-2643

HOME PHONE # () _____ WORK PHONE # () _____

BEST PLACE TO CALL _____ BEST TIME TO CALL (DATE/TIME) _____
PACIFIC __ MOUNTAIN __ CENTRAL __ EASTERN __

CLIENT'S PD CODE

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3 LETTER COMMUNITY CODE #

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HOMEOWNER'S FIRST NAME _____ LAST NAME _____ MIDDLE _____

SS# _____ BIRTHDATE _____ PROPERTY ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

MAILING ADDRESS (If different than property) _____

DELIVERY DATE _____ MODEL YEAR OF HOME _____

MANUFACTURER _____ MODEL NAME _____ SERIAL # _____

LENGTH _____ WIDTH _____ APPROX. EFFECTIVE DATE OF COVERAGE: _____

PURCHASE PRICE OF HOME \$ _____

HOME CONSTRUCTION INFORMATION (CHECK ALL THAT APPLY)

IN CITY LIMITS? YES ___ NO ___ PERMANENT FOUNDATION ___ SUPPLEMENTAL HEATING DEVICE ___

ROOF MADE OF SHAKE SHINGLES OR ASPHALT SHINGLES ___ IN COMMUNITY (IF YES, # OF SPACES ___

VINYL SIDING/HARDBOARD/PROTECTIVE SIDING _____

IS HOME WITHIN 5 ROAD MILES OF A RESPONDING FIRE DEPARTMENT? YES ___ NO ___ UNKNOWN ___

PRIMARY RESIDENCE (OWNER OCCUPIED): YES ___ NO ___ OWNED PROPERTY: YES ___ NO ___

AGENCY INFORMATION

Will the Customer's Renewal Policy be Escrowed by the Lender YES ___ NO ___

If Financed, Name of Lender and Address _____



AGENT NAME: **BRIGHT INSURANCE AGENCY**

AGENT PHONE # (248) 208-2515

AGENT FAX# (248) 208-2643

COMMENTS: _____

*The Quote Request is simply a request for a quotation and confers no rights upon the applicant, does not constitute a contract between Bright Insurance Agency and the applicant, and no coverage is bound.