

# REQUEST FOR A QUOTE for homeowners and renters insurance

For a free quote, call 1-800-637-2782 or complete this form and return it by mail or fax.  
You are under no obligation when you request a quote. Quotations are based on our standard coverage.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of years at current residence \_\_\_\_\_

Property address, if different from above \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Work phone ( ) \_\_\_\_\_

Birthdate Mo / Day / Yr \_\_\_\_\_ Marital Status  Married  Unmarried

Sponsor (i.e., employer/association) \_\_\_\_\_

Occupation \_\_\_\_\_

Years w/current employer \_\_\_\_\_ If less than 2 years, how long w/previous? \_\_\_\_\_

## RESIDENCE TYPE

### 1. Check one:

- Single-family house  Multi-family house  
 Apartment  Condominium, \_\_\_End Unit \_\_\_Center Unit; \_\_\_Floor  
 Log cabin  Row/Townhouse, \_\_\_End Unit \_\_\_Center Unit; \_\_\_Floor  
 Duplex *NOTE: Mobile homes are ineligible for coverage.*

2. How many families/family units in your dwelling?  1  2  3  4  \_\_\_

3. How many stories is your dwelling?  1  2  3  4

4. What year was this home built? \_\_\_\_\_

## OWNERSHIP

### 1. Check one:

- I own and occupy my house.  I own my dwelling and rent it to others \_\_\_\_\_ weeks each year.  
 I rent.

2. If you own this property: Year purchased \_\_\_\_\_ Purchase price \_\_\_\_\_

*If this is a newly purchased property, please give closing date* \_\_\_\_\_

## LOCATION

1. Is property within 2,000 feet of waterfront?  Yes  No

If YES, what type?

Ocean  Bay  Lagoon  Lake  River  Other \_\_\_\_\_

2. Is property within the city limits?  Yes  No

If NO, please provide the following information.

*Name of nearest city/town* \_\_\_\_\_

*Distance in miles to this city/town from your property* \_\_\_\_\_

*Name of nearest responding fire dept.* \_\_\_\_\_

*Distance in miles to this fire dept. from your property* \_\_\_\_\_

*Distance in feet to nearest fire hydrant from your property* \_\_\_\_\_

3. The nearest fire dept. is:  public  volunteer  company

4. Is home located on hillside or within brush zone?  Yes  No

## LOSS INFORMATION (Please use a separate piece of paper, if necessary.)

List dates, circumstances and amounts of any property or liability losses you or any member of your household has had in the past 5 years (i.e., fire, theft, dog bite, etc.):

If anyone with a financial interest in the property to be insured has ever been convicted of arson or fraud, please explain:

*Claims history will be verified through the Comprehensive Loss Underwriting Exchange.*

# 1-800-637-2782

Mail to: P.O. Box 181101, Chattanooga, TN 37414 Fax: 1-800-369-1430

Please send my quote via:  Home Phone  Work Phone  Fax  Mail

The best time to call me is:  Weekdays  Weekends  
 8 a.m.–Noon  Noon–5 p.m.  5 p.m.–8 p.m.

### I am also interested in a quote for the following coverage(s):

Auto  Boatowners  Umbrella (personal excess liability)

## CURRENT COVERAGE

Current home insurance co. \_\_\_\_\_ Exp. date \_\_\_\_\_

Present deductible \_\_\_\_\_ Annual premium amount \_\_\_\_\_

Current auto insurance co. \_\_\_\_\_ Exp. date \_\_\_\_\_

If you would like a quote based on your existing policy, please attach a copy of your current policy declarations page. Or enter your current coverage amounts below, if known.

Dwelling \$ \_\_\_\_\_  
Condo Owner Improvements \$ \_\_\_\_\_  
Personal Contents \$ \_\_\_\_\_  
Deductible \$ \_\_\_\_\_  
Personal Liability \$ \_\_\_\_\_  
Medical Payments to Others \$ \_\_\_\_\_

## SECURITY INFORMATION

### Check all that apply:

- Ground floor windows pinned/locking devices  Charlie bars on sliding glass doors  
 Deadbolt locks on exterior doors  Smokers in the household  
 Smoke detectors on each floor  Fire alarms sounding on premises:  
 Operational fire extinguishers  Alerting fire dept.  
 Sprinkler system:  Alerting central station  
 All areas of home  Burglar alarm sounding on premises:  
 \_\_\_% of home  Alerting police dept.  
 Alerting central station

## PARTICULARS

### Check all that apply:

- Portable non-electric heater  Roomers/Boarders/Roommates: How many? \_\_\_\_\_  
 Dwelling unoccupied frequently (more than 2 months yearly)  Business activities on premises Describe \_\_\_\_\_  
 Dwelling unoccupied during the day  Additional dwellings owned \_\_\_\_\_  
 Swimming pool:  Inground  Fenced  Above ground  Not fenced  Animals on premises List type(s)/breed(s) \_\_\_\_\_  
 Trampoline \_\_\_\_\_  
 Tennis court \_\_\_\_\_  
 Boat worth more than \$1,000 or with over 25 H.P. motor \_\_\_\_\_

Special items to be insured separately (Silverware, coins, jewelry, guns, etc.)

Personal Excess Liability Insurance (Umbrella)

*NOTE: If mixed breed, please indicate what breeds. Also, if animal has ever bitten anyone, please explain on a separate page.*

**Merastar**  
INSURANCE COMPANY

► Please complete the back side of this form.

## DETAILS

Please answer #1 OR #2. You do not need to complete both questions.

1. What is the total square footage of your home? \_\_\_\_\_ square feet

2. List the number of rooms in your home excluding those found in the basement, and indicate the size of these rooms by checking small, medium or large.

|                              | SMALL<br>≤ 15 x 15 feet  | MEDIUM<br>15 x 20 feet   | LARGE<br>20 x 20 feet    |
|------------------------------|--------------------------|--------------------------|--------------------------|
| Kitchen                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Breakfast Nook               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dining Room                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Living Room                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Den/Study/Office             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Rooms                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bedrooms                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk-In Closets              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family Room                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Entry Foyer                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mud Rooms                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility/Laundry/Sewing       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage Rooms                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other rooms except Baths | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rooms over 225 square feet   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. How many bathrooms? \_\_\_ Full bath(s) \_\_\_ 3/4 bath(s) \_\_\_ 1/2 bath(s)

4. How many fireplaces?  0  1  2  3  \_\_\_\_\_

5. Do you have a basement?  Yes  No

a. What size? \_\_\_\_\_ square feet

b. What percentage is considered finished area? \_\_\_\_\_ %

6. Do you have any crawl space or a raised foundation?  Yes  No

a. What size? \_\_\_\_\_ square feet

7. Do you have a garage or carport?  Yes  No

a. Which one?  Garage  Carport

b. What size?  1-car  2-car  3-car  4-car

c. Is it  Attached  Detached?

8. Do you have any decks, breezeways, or porches?  Yes  No

Deck \_\_\_\_\_ square feet  Open  Screened  Enclosed

Breezeway \_\_\_\_\_ square feet  Open  Screened  Enclosed

Porch \_\_\_\_\_ square feet  Open  Screened  Enclosed

## HEATING & COOLING

1. Do you have HEAT in your home?  Yes  No

a. What percentage of your home is heated? \_\_\_\_\_ %

2. Do you have CENTRAL AIR CONDITIONING in your home?  Yes  No

a. What percentage of your home is air conditioned? \_\_\_\_\_ %

b. Does it have separate air ducts?  Yes  No

3. Do you have an EVAPORATIVE or SWAMP COOLER?  Yes  No

a. Which type?  Roof unit  Window unit

## FEATURES

Please indicate how many of the following items you have in your home.

|                         |                   |                  |
|-------------------------|-------------------|------------------|
| ___ Wet Bar             | ___ French Doors  | ___ Solar Panels |
| ___ Additional Furnace  | ___ Skylights     | ___ Jacuzzi      |
| ___ Wood-Burning Stove  | ___ Bay Windows   | ___ Sauna        |
| ___ Intercom System     | ___ Bow Windows   | ___ Hot Tub      |
| ___ Central Vacuum      | ___ Stained Glass | ___ Other        |
| ___ Glass Sliding Doors | ___ Greenhouse    | Describe         |

## MATERIALS

Which materials BEST describe those found in your home? Please mark materials as percentages. For example, if half your home has hardwood floors and the rest has wall-to-wall carpeting and marble, your list may indicate 50%-30%-20%. **NOTE: Your selections MUST total 100% in each category.** For any material not found on the list, please select a similar material that is on the list.

### Exterior Walls

\_\_\_ % Wood Siding

\_\_\_ % Aluminum/Vinyl Siding

\_\_\_ % Brick Veneer

\_\_\_ % Stone Veneer

\_\_\_ % Stucco on Frame

\_\_\_ % Solid Brick

\_\_\_ % Solid Stone

\_\_\_ % Asbestos Shingles

\_\_\_ % Wood Shakes

\_\_\_ % Stucco on Masonry

\_\_\_ % Adobe

\_\_\_ % Poured Concrete

\_\_\_ % Logs

\_\_\_ % Slump Block

100%

### Interior Walls

\_\_\_ % Drywall/Sheetrock

\_\_\_ % Plaster

\_\_\_ % Block

\_\_\_ % Studs Only

100%

### Floors

\_\_\_ % Hardwood

\_\_\_ % Wall-to-Wall Carpeting

\_\_\_ % Carpet over Hardwood

\_\_\_ % Vinyl Tile, Linoleum

\_\_\_ % Ceramic Tile

\_\_\_ % Parquet

\_\_\_ % Slate/Marble

\_\_\_ % Flagstone

100%

### Roof Cover

\_\_\_ % Asphalt Shingles

\_\_\_ % Slate

\_\_\_ % Tile

\_\_\_ % Wood Shakes

\_\_\_ % Built-Up

\_\_\_ % Tin

100%

### Wall Covering

\_\_\_ % Paint

\_\_\_ % Paper

\_\_\_ % Paneling

\_\_\_ % Ceramic Tile

\_\_\_ % Brick

\_\_\_ % Stone

\_\_\_ % Cork

\_\_\_ % Knotty Pine

\_\_\_ % Grass Cloth

\_\_\_ % Mirrors

\_\_\_ % Sponge Painting

100%

### Ceilings

\_\_\_ % Drywall, Sheetrock

\_\_\_ % Plaster

\_\_\_ % Acoustic Tile

\_\_\_ % Wood Ceiling

\_\_\_ % Studs Only

100%

## HOME IMPROVEMENTS (Complete this section if dwelling is 30 years or older.)

Indicate if and when any of the following items have been updated:

Heat \_\_\_\_\_  Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_  Roof \_\_\_\_\_

## MAKE THE SAFE & SOUND SAFETY® PLEDGE.

*Optional*

I hereby pledge to maintain the following safety standards in my home:

- Dead-bolt locks on all exterior doors
- Charlie bars on all sliding glass doors
- Smoke-detectors on every floor
- Ground floor windows pinned or locked or local burglar alarm
- Fire extinguishers and a fire evacuation plan
- Non-smoking household

Signature \_\_\_\_\_

Date \_\_\_\_\_

## READ AND SIGN THIS STATEMENT.

*Required*

I declare that the information I have provided is true. I understand that the premiums quoted are based upon information I have provided and are subject to change if such information is incomplete or inaccurate.

Missing information will delay processing.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date you'd like policy to be effective \_\_\_\_\_