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**CAPITAL INSURANCE SERVICES**

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

Condo Quote Sheet

Name: \_\_\_\_\_ Spouse Name (if applicable): \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN\*: \_\_\_\_\_  
 (Spouse) Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN\*: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ (Spouse) Occupation: \_\_\_\_\_  
 If you are self-employed, where is your business located? \_\_\_\_\_

Residential Information						Current Coverages	
Year home built		# of Stories				Dwelling Amount	
Sq. Footage		Slab or Crawl space				Personal Property	
Basement Finished	%					Liability Amount	
Walkout Basement	Yes		No		Sq. Foot	Medical Payments	
Construction Type	Siding Only				Siding & Brick	Deductible	
	Brick Only				Other	Loss of Use	
Roofing Materials	Asphalt				Wood	Loss Assessment Coverage	
	Metal				Tile	Year Purchased	
Breezeway	Yes		No		Sq. Foot	Purchase Price	
Open Porch	Yes		No		Sq. Foot	Market Value	
Enclosed Porch	Yes		No		Sq. Foot	Any Miscellaneous Information	
Balcony	Yes		No		Sq. Foot		
Deck	Yes		No		Sq. Foot		
Fireplace	Yes		No		#Chimney		
Garage	Attached				Detached		
	# Cars				Built-In		

Please continue on Page 2

*\*Your social security number will only be used for obtaining an insurance score only and is necessary to give you an accurate quote. This has no impact on your credit score.*

Interior Information							
# of Kitchens	Builder Grade		Custom		Heating Type ( <i>gas, electric, oil, or radiant</i> )		
# of Full Baths	Builder Grade		Custom		Central Air	Yes	No
# Half Bathrooms	Builder Grade		Custom		Wood Stoves	Yes	No
Ceiling/Walls	Drywall %		Plaster %				
Flooring	Carpet %		Vinyl %				
	Hardwood %		Tile %				

If you have a pool, do you have a diving board or slide \_\_\_\_\_

If you have a pool or trampoline is your yard fenced \_\_\_\_\_

If you have a dog, please indicate the breed(s) \_\_\_\_\_

Updates						
Electrical	Partial		Full		Year	
Plumbing	Partial		Full		Year	
Heating	Partial		Full		Year	
Roof	Partial		Full		Year	

Non-smoker household \_\_\_\_ Yes \_\_\_\_ No      Dead-Bolts on all doors \_\_\_\_ Yes \_\_\_\_ No

Fire Extinguisher \_\_\_\_ Yes \_\_\_\_ No      Responding Fire Dept: \_\_\_\_\_

# of Miles to Fire Dept: \_\_\_\_\_      # of Feet to Fire Hydrant: \_\_\_\_\_

Scheduled Items (i.e. jewelry, fine arts, furs, guns, or musical instruments, etc.) \_\_\_\_\_

Do you belong to any groups, credit unions or professional organizations? \_\_\_\_\_

**Current Insurance Information**

Company Name: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

Amount Insured for: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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