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 Lansing, MI 48911
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CAPITAL INSURANCE SERVICES

www.capitalinsurance.com

Homeowners 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	
	Siding Only			Siding & Brick		Deductible	
Construction Type	Brick Only			Other		Loss of Use	
	Asphalt			Wood		Year Purchased	
Roofing Materials	Metal			Tile		Purchase Price	
	Breezeway	Yes		No		Sq. Foot	Market Value
Open Porch	Yes		No		Sq. Foot	Any Miscellaneous Information	
Enclosed Porch	Yes		No		Sq. Foot		
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: 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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