

ATLANTALIFE®

General Agency

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HOMEOWNER

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HOMEOWNER-REFERRAL FORM

Agent Name: _____

Date: _____

Phone: _____

Business Email: _____

Customer Name: _____

Address: _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

City: _____ State: _____ Zip: _____

Contact Phone Number: () _____ - _____

Best Time to Call: _____

Email: _____

HOME DETAILS

I want to insure a: Home Condo or Town home Rental Other: _____

Request Dwelling Coverage: \$ _____

Time at current address: ____ years ____ months

Liability (circle): 100K 300K 500K

Value of Contents (renters only): \$ _____

Deductible (circle): 250 500 1000

Medical Payments (circle): 1K 2K 5K

Year Built: _____ Square Feet: _____

Claims in last 5 years (include date, loss details, and location): _____

Style of Home: _____

Type of Siding: _____

Number of Families (Living Units): _____

Number of baths: Full _____ Half _____

Calculated Replacement Value: \$ _____

(retain a copy of the home replacement estimate in your file)

Age of: Roof _____ Electrical _____

Plumbing _____ Heating: _____

Feet to Fire Hydrant: _____ ft.

Miles to fire department: _____

Is the dwelling located inside City Limits? (circle): Yes / No Does anyone in the household smoke?(circle): Yes / No

Do you have (circle all that apply):

Dead bolts fire extinguisher fire alarm smoke detectors local burglar alarm central burglar alarm sprinklers

Property schedule (List Items and Value): _____ Are there any animals on the premises? _____

_____ If so, specify animal type and breed: _____

(Property may include jewelry, fine arts & computer equipment)

Mobile Home: If you are requesting a Mobile Home quote, please fill in the section below:

Model Year: _____ Width: _____ Length: _____ The Home Tied Down: _____

Located in a Mobile Home Park (circle): Yes / No

If you answered yes, what is the name of the park? _____ CURRENT PREMIUM _____

**If the requested coverage is not available, the quote will be calculated based on similar coverage options*

**Commission is only eligible to licensed P&C agents in the applicable writing state*

FOUNDATION TYPE
 (MUST TOTAL 100%)

SLAB _____ %
 CRAWL SPACE _____ %
 BASEMENT _____ %
 BASEMENT FINISHED _____ %
 PIER FOUNDATION _____ %
 HILLSIDE FOUNDATION _____ %

EXTERIOR WALL MATERIAL
 (MUST TOTAL 100%)

CLAPBOARD _____ %
 WOOD SIDING _____ %
 ALUMINUM SIDING _____ %
 VINYL SIDING _____ %
 WOOD SHAKES _____ %
 BRICK VENEER _____ %
 STONE VENEER _____ %
 STUCCO/FRAME _____ %
 STUCCO/MASONRY _____ %
 BLOCK _____ %
 SOLID BRICK _____ %
 SOLID STONE _____ %
 LOG _____ %
 T-111 _____ %
 OTHER _____ %

ROOFING MATERIAL
 (MUST TOTAL 100%)

ASPHALT/FIBERGLASS _____ %
 METAL _____ %
 SLATE _____ %
 CONCRETE TILE _____ %
 CLAY TILE _____ %
 WOOD SHAKES _____ %
 BUILT-UP/TAR AND GRAVEL _____ %
 RUBBER _____ %
 OTHER _____ %

GARAGES AND CARPORTS

OF CARS

ATTACHED GARAGES _____
 BUILT-IN GARAGES _____
 CARPORTS _____
 DETACHED GARAGES _____
 DETACHED GARAGES _____
 with Finished Area _____

**DECKS, PORCHES, BREEZEWAYS &
 SOLAR ROOMS**

SQ FT

DECKS _____
 SOLAR ROOMS _____
 PORCHES _____

Open Screened Enclosed

Breezeways _____

Open Screened Enclosed

KITCHENS AND BATHS

Kitchens (Indicate number of each)

Standard Custom Designer

Full Baths

Standard Custom Designer

Half Baths

Standard Custom Designer

**HEATING, AIR CONDITIONING AND
 FIREPLACES**

Heat Type Oil Gas Electric

Central Air Yes No

If yes, same ducts as heating system?

Yes No

Number of Fireplaces

Masonry _____ Metal Pre-Fab _____

INTERIOR WALLS
(MUST TOTAL 100%)

DRY WALL _____ %
 PLASTER _____ %
 STUDS ONLY _____ %
 OTHER _____ %

WALL COVERINGS
(MUST TOTAL 100%)

PAINT _____ %
 WALLPAPER _____ %
 CERAMIC TILE _____ %
 KNOTTY PINE _____ %
 PANELING _____ %
 BRICK _____ %
 STONE _____ %
 OTHER _____ %

FLOORING MATERIAL
(MUST TOTAL 100%)

WALL TO WALL CARPET _____ %
 HARDWOOD _____ %
 CERAMIC TILE _____ %
 VINYL/LINOLEUM _____ %
 PARQUET _____ %
 SLATE _____ %
 OTHER _____ %

CEILING MATERIAL
(MUST TOTAL 100%)

DRYWALL _____ %
 PLASTER _____ %
 WOOD _____ %
 ACOUSTIC TILE _____ %
 OTHER _____ %

ADDITIONAL FEATURES

(Enter # of Each)

SKYLIGHTS _____
 SLIDING GLASS DOORS _____
 FRENCH DOORS _____
 ATRIUM DOORS _____
 BOW WINDOWS _____
 SOLAR PANELS _____
 WET BAR _____
 SPIRAL STAIRCASE _____

(# of floors) _____

JACUZZI (INDOOR) _____
 HOT TUB (INDOOR) _____
 TENNIS COURT _____
 BASKETBALL COURT _____
 INDOOR POOL _____
 INGROUND POOL Sm _____ Med _____ Lg _____
 STABLE Sm _____ Med _____ Lg _____
 GREENHOUSE (Sq Footage) _____

MISCELLANEOUS SYSTEMS

SPRINKLER SYSTEM Yes No
 CENTRAL BURGLAR ALARM Yes No
 CENTRAL FIRE ALARM Yes No
 LOCAL BURGLAR ALARM Yes No
 DEAD BOLT LOCKS Yes No
 SMOKE ALARM Yes No
 FIRE EXTINGUISHER Yes No
 CENTRAL VACUUM Yes No

UNDERWRITING

WOODSTOVE Yes No
 TRAMPOLINE Yes No
 POOL Yes No
 EARTHQUAKE Yes No
 HOME BUSINESS Yes No
 SEPARATE STRUCTURES Yes No
 PETS Yes No
 SCHEDULED PROPERTY Yes No

RENTERS/CONDO QUOTATION

KITCHEN	<input type="checkbox"/> Yes <input type="checkbox"/> No	LIVING ROOM	<input type="checkbox"/> Yes <input type="checkbox"/> No
DINING ROOM	<input type="checkbox"/> Yes <input type="checkbox"/> No	DEN/STUDY	<input type="checkbox"/> Yes <input type="checkbox"/> No
DINETTE	<input type="checkbox"/> Yes <input type="checkbox"/> No	FAMILY ROOM	<input type="checkbox"/> Yes <input type="checkbox"/> No
BREAKFAST ROOM	<input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF BEDROOMS	_____

Construction _____ Year built _____ Number of Units _____

DEAD BOLTS	<input type="checkbox"/> Yes <input type="checkbox"/> No	CENTRAL ALARM	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMOKE ALARM	<input type="checkbox"/> Yes <input type="checkbox"/> No	INTERNAL SPRINKLER	<input type="checkbox"/> Yes <input type="checkbox"/> No
FIRE EXTINGUISHER	<input type="checkbox"/> Yes <input type="checkbox"/> No	WOODSTOVE	<input type="checkbox"/> Yes <input type="checkbox"/> No
LOCAL ALARM	<input type="checkbox"/> Yes <input type="checkbox"/> No	TRAMPOLINE	<input type="checkbox"/> Yes <input type="checkbox"/> No
SWIMMING POOL	<input type="checkbox"/> Yes <input type="checkbox"/> No	→ <i>If yes, fenced?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
PETS	<input type="checkbox"/> Yes <input type="checkbox"/> No	→ <i>If yes, describe</i> _____	
SCHEDULED PROPERTY	<input type="checkbox"/> Yes <input type="checkbox"/> No	→ <i>If yes, describe</i> _____	