

ChoiceOne™ Insurance

Home Insurance Quote Form

Phone: (800) 547-0006 Fax: (305) 677-7112

www.FloridaTitleCompany.com

First Name: _____ **Last Name:** _____
Address: _____
City: _____ **State:** Florida **Zip:** _____
Day Phone: _____ - _____ - _____ **Evening Phone:** _____ - _____ - _____
Date of Birth: _____ - _____ - _____
Email: _____

Best time to call: _____
Who is this quote for: _____
Gender: _____

What month did you buy your home in: _____
Purchase price or replacement cost of you home: _____

Type of Home: Single Family Condo Townhouse Duplex
 Triplex Quadplex Other _____

Year Built: _____ **Square feet:** _____
Electrical system: Circuit breaker Fuses Unsure

Type of construction: CBS Wood Other

Do you have an alarm? Yes No

Do you have Central air? Yes No

Number of fireplaces: _____

Number of bedrooms: _____

Number of Bathrooms: _____

Do you have a pool? Yes No

Do you have a garage or carport? _____

Type of garage: 1 1.5 2 2.5 3 Other _____

Have you made a claim in the past 5 years? Yes No

Your current home insurance carrier: _____

Would you like an additional no obligation quote? Title Insurance - Protect your investment

Auto Insurance - Lower your rate

- Homes over 50 years old need a four point inspection must be completed prior to writing.
- Need flood elevation certificate if in a flood zone.
- If appraisal is available please fax first two pages.

ChoiceOne™ Insurance and Key Title & Escrow are part of ChoiceOne™ Network.