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HOME INSURANCE QUESTIONNAIRE

DATE	FROM
<input type="text"/>	<input type="text"/>

CLIENT FULL NAME	<input type="text"/>			
SOCIAL SECURITY#	<input type="text"/>			
DATE OF BIRTH	<input type="text"/>			
PERSONAL PHONE	HOME	<input type="text"/>	CELL	<input type="text"/>
EMAIL	<input type="text"/>			
HOME ADDRESS	<input type="text"/>			
	CITY	<input type="text"/>		
	STATE	<input type="text"/>	ZIP	<input type="text"/>
WORK NAME	<input type="text"/>			
WORK ADDRESS	<input type="text"/>			
WORK TELEPHONE	<input type="text"/>			
POSITION	<input type="text"/>			

YOUR PROPERTY INFORMATION

PROPERTY ADDRESS	<input type="text"/>			
	CITY	<input type="text"/>		
	STATE	<input type="text"/>	ZIP	<input type="text"/>
IMPORTANT IFORMATION	The property will be owner occupied?			
	YES <input type="checkbox"/> NO <input type="checkbox"/>			

WE DO COMMERCIAL AND FLOOD INSURANCE

NUMBER OF FAMILIES 1,2, 3, ETC.	<input type="text"/>
CONSTRUCTION:	FRAME <input type="checkbox"/> BRICK <input type="checkbox"/>
DETACHED OR ATTACHED	<input type="text"/>
TYPE OF HEAT:	GAS <input type="checkbox"/> OIL <input type="checkbox"/>
SWIMMING POOL:	YES <input type="checkbox"/> NO <input type="checkbox"/>
ANY DOG?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOG BREED	<input type="text"/>
COVERAGE AMOUNT	<input type="text"/>
PURCHASE OR REFINANCE	<input type="text"/>
CLOSING DATE	<input type="text"/>

MORTGAGE COMPANY INSURANCE CLAUSE

<input type="text"/>
<input type="text"/>
LOAN NUMBER

ADDITIONAL POLICY HOLDER INFORMATION

CLIENT FULL NAME	<input style="width: 100%;" type="text"/>		
SOCIAL SECURITY#	<input style="width: 100%;" type="text"/>		
DATE OF BIRTH	<input style="width: 100%;" type="text"/>		
TELEPHONE	HOME	<input style="width: 150px;" type="text"/>	CELL <input style="width: 150px;" type="text"/>
EMAIL	<input style="width: 100%;" type="text"/>		
HOME ADDRESS	<input style="width: 100%;" type="text"/>		
	CITY	<input style="width: 450px;" type="text"/>	
	STATE	<input style="width: 150px;" type="text"/>	ZIP <input style="width: 150px;" type="text"/>
WORK NAME	<input style="width: 100%;" type="text"/>		
WORK ADDRESS	<input style="width: 100%;" type="text"/>		
WORK TELEPHONE	<input style="width: 100%;" type="text"/>		
POSITION	<input style="width: 100%;" type="text"/>		
METHOD OF CONTACT	EMAIL	<input type="checkbox"/>	
	PHONE	<input type="checkbox"/>	