

# Home Insurance Quick Quote

## Personal Information

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Smokers in Household?:  Yes  No

## Home Insurance Information

Currently Insured?:  Yes  No

Current Insured Company: \_\_\_\_\_

Policy Expires: \_\_\_\_\_

Insurable Value: \_\_\_\_\_

Year Built: \_\_\_\_\_

Construction:	Deductible	Liability Limit
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> 100	<input type="checkbox"/> 100,000
<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> 250	<input type="checkbox"/> 300,000
<input type="checkbox"/> Masonry	<input type="checkbox"/> 500	<input type="checkbox"/> 500,000
<input type="checkbox"/> Brick	<input type="checkbox"/> 1,000	

Describe all claims in the past 3 years including date and amount paid (Write "NONE" if no claims made): \_\_\_\_\_

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When form is filled out completely, please mail form to either Kauffold Agency or Bailey Agency to get an auto quote.

**Kauffold Agency, Inc.**

19 N. Center St., Box 686

Sebewaing, MI 48759

**Bailey Agency, Inc.**

30 S. Main St., Box 710

Pigeon, MI 48755