

Fax or Mail to:
Miller Insurance Assoc Inc
19 Brookwood Ave. Ste 102
Carlisle, PA 17015
Fax: 717-243-2462 Ph: 717-243-4400

Homeowner's Quote Sheet

How did you hear about us?: _____

Name: _____ Date/Time: _____

Address: _____ Phone: _____

County: _____ Township: _____

Date of Birth : _____ Social Security # : _____

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Exterior Information:

Yr. Built : _____ Ext Wall- %Frame _____ %Masonry _____

Style: (ex: Ranch, Cape Cod, Split Level, etc) : _____

Stories: 1 _____ 1.5 _____ 2 _____ 2.5 _____ Bi-Level _____ Tri-Level _____ Row/Townhome _____

Living area square footage _____

Dwelling Amount _____

Garage: yes () no () Attached ? yes () no () How many cars? _____

Porch Dimension _____ Deck Dimension _____

Basement: yes () no () Type: _____ Finished? Yes () No () % Finished? _____

Roof Type _____

Add'l features such as picture/bay window, skylight, sliding glass doors, etc:

Detached structures: _____

Interior Information:

Baths: Full _____ Half _____

Primary Heat Type _____ Central Air: yes () no () Separate Ducts/ Part of Heat

Fireplaces: Yes () No () Woodstove/ Coal Stove: yes () no ()

Distance to Fire Dept: _____ Distance to Fire Hydrant: _____

Type of Protective Devices: _____

If over 25 years old, Year Updates completed : Electric _____ Plumbing _____ Heating _____ Roof _____

Swimming Pool: Yes () No () Above Ground? _____ In Ground? _____ Fenced in? _____

Trampoline Present? _____

Any business conducted on Premises?

If Yes, explain: _____

Types of pets: _____

List any prior losses: _____

Prior Insurance Company _____ Expiration date: _____

Scheduled Personal Items:

Additional Endorsements:

Any Watercrafts or Recreational Vehicles? _____

****This information is for quoting purposes only. Completing this form does NOT bind Insurance Coverage****