

Fax or Mail to:  
Miller Insurance Associates Inc  
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HOMEOWNER'S QUOTE SHEET

Updated 1/29/13

How did you hear about us?  
\_\_\_\_\_

Name: \_\_\_\_\_ Date & Time: \_\_\_\_\_

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

County \_\_\_\_\_ Township \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exterior Information:

Year Built \_\_\_\_\_ Exterior walls: Frame \_\_\_\_\_ % Masonry \_\_\_\_\_ %  
Siding \_\_\_\_\_ % Type of siding \_\_\_\_\_

Stories: 1 \_\_\_ 1.5 \_\_\_ 2 \_\_\_ 2.5 \_\_\_ Bi-level \_\_\_ Tri-level \_\_\_ Row/Town Home \_\_\_

Square footage \_\_\_\_\_ Dwelling amount \_\_\_\_\_

Kitchen: Upgraded Yes \_\_\_ No \_\_\_ Corian or Granite: \_\_\_\_\_

Garage: Yes \_\_\_ No \_\_\_ Attached? Yes \_\_\_ No \_\_\_ How many cars: \_\_\_\_\_

Porch Square Footage: \_\_\_\_\_ Screened: Yes \_\_\_ No \_\_\_ Deck Square Footage \_\_\_\_\_

Patio Square Footage: \_\_\_\_\_ Covered? Yes \_\_\_ No \_\_\_

Basement: Yes \_\_\_ No \_\_\_ Finished: Yes \_\_\_ No \_\_\_ Finished% \_\_\_\_\_

Walkout: Yes \_\_\_ No \_\_\_ Daylight: Yes \_\_\_ No \_\_\_

Roof Type: \_\_\_\_\_ Picture Window, Bay Window, Skylight, Sliding Glass  
Doors or Atrium Doors: \_\_\_\_\_ How Many: \_\_\_\_\_

Flooring Type and Percentage of each type \_\_\_\_\_

Detached Structures: \_\_\_\_\_ Dimensions \_\_\_\_\_  
Type of Construction: \_\_\_\_\_

Interior Information:

Baths: Full \_\_\_\_\_ Half \_\_\_\_\_ Three Quarter \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Primary Heat: \_\_\_\_\_ Central Air: Yes \_\_\_ No \_\_\_ Same Ducts: Yes \_\_\_ No \_\_\_

Fireplace: Yes \_\_\_ No \_\_\_ Gas \_\_\_ Wood \_\_\_ Wood/Coal/Pellet Stove \_\_\_\_\_  
In Fireplace or Free Standing \_\_\_\_\_

Alarm System: Yes \_\_\_ No \_\_\_ Deadbolts: Yes \_\_\_ No \_\_\_ Smoke Detect: Yes \_\_\_ No \_\_\_  
Fire Extinguisher: Yes \_\_\_ No \_\_\_

Non Smoking Household? Yes \_\_\_ No \_\_\_

Responding Fire Department: \_\_\_\_\_ # of Miles to FD \_\_\_\_\_

Distance to nearest Fire Hydrant: \_\_\_\_\_

Electric Service: Circuit Breakers Yes \_\_\_ No \_\_\_ Amps: \_\_\_\_\_

If home is over 25 years old: Year updates were completed:

Electric \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roof \_\_\_\_\_

Swimming Pool: Yes \_\_\_ No \_\_\_ Above Ground or In Ground? \_\_\_\_\_

Fenced: Yes \_\_\_ No \_\_\_

Trampoline: Yes \_\_\_ No \_\_\_ Fenced or Gated: \_\_\_\_\_

Any Business conducted on Premises? If so, Type \_\_\_\_\_

Any Pets: \_\_\_\_\_

Bite History: Yes \_\_\_ No \_\_\_

List any prior losses \_\_\_\_\_

Prior Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Scheduled Personal Property: \_\_\_\_\_

Additional Endorsements: \_\_\_\_\_

Any Boats/Motorcycles/ATV: \_\_\_\_\_