

Please complete (we'll contact you to gather missing info.) then:

DWELLING QUOTE

Home Owner:_____ Secondary Home:_____ Dwelling Fire (Rental):_____ Tenant HO (Contents only):_____

Name:_____

Mailing Address:_____

Home Phone #:_____ Office #:_____ Cell #:_____

SS#:_____ Date of Birth:_____ Email:_____

Property Address:_____ County _____

Replacement Cost (excl. land):\$_____ Deductible:\$_____ Liability Limit:\$ _____

Year Built	If 25 years or older... Year updated:	Roof	Plumbing	Wiring	Heat A/C

Brick, Frame or Stucco?_____ # stories:_____ # years at this address:_____

Square Feet Heated space(include finished basement):_____

Slab?_____ Crawl Space SF:_____ Finished Basement SF:_____ Unfinished Basement SF:_____

Porches SF:_____ Decks SF:_____ Carport or Garage?_____ # Vehicles:_____

Fireplaces: # Inserts:_____ # Masonry:_____ Gas logs?_____ Baths: # Full:_____ # Half:_____

Central heat?_____ Wood stove or Space htrs?_____ Central air?_____ Trampoline?_____

Pool?_____ Fenced?_____ Dogs?_____ Breed?_____

Central or Local Alarm?: _____ Burgular _____ Fire _____ Monitored by:_____

Deadbolts?_____ Fire extinguishers?_____ Smoke detectors?_____ Smokers in household?_____

Name of responding Fire Dpt?: _____ Road miles to Fire Dpt:_____ Hydrant w/in 1,000 ft?_____

Jewelry Limit:\$_____ Silver Limit: \$ _____ Gun Limit:\$ _____ Boat or ATV?_____

Mortgagee:_____

Closing Attny & Fax#:_____

Current Home Ins. Company:_____ Policy# _____ Expiration Date:_____

Have you been non-renewed/cancelled? _____ Credit problems/Bankruptcy? _____

Describe any claims in the past 6 years: _____

Current Auto Ins. Company: _____

How did you hear about Chastain & Assoc. Insurance?: _____



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