

HOME QUOTE INFORMATION



PO Box 1510 – 806 W 9th ST
 Libby, MT 59923
 406-293-6244/866-293-6244
www.glacierins.com
agency@glacierins.com

Name _____ Phone _____
 Date _____ Where did you hear about us? _____
 Mailing Address _____
 Address of home needing insurance _____
 How would you prefer our quarterly newsletter? Email Mail None Email address _____
 Current home insurance _____ Expires _____ Premium \$ _____
 Value of home \$ _____ Liability \$ _____ Medical Pay \$ _____ Deductible \$ _____
 Policy # _____ Years with current insurance company _____ Years living at this home _____
 Prior address _____

Insured occupation _____ Years _____
 Insured DOB _____ SS# _____
 Insured Driver License #/State _____
Co-Applicant Name _____
 DOB _____ SS# _____ License _____
 Relation to Insured _____
 Occupation _____ Years _____

1. Home usage: Primary Secondary Rental
2. List any prior home insurance losses. Include date and amount paid: _____

3. Is the home for sale? _____ Closing _____
 Realtor _____ Price \$ _____
 Prior owner _____
4. List your animals: _____

5. Do you want flood insurance quoted? _____
6. Do you want earthquake insurance quoted? _____
7. Miles from fire dept _____ Protection class _____
 Responding dept _____
 How far from hydrant _____
8. Distance from nearest neighbor _____
9. Are trees at least 10 feet from home? _____
10. House under construction? _____

HOME DETAILS: Year home built _____, Age of roof _____, Roof Type _____
 Type of home: FRAME BRICK MODULAR LOG (Hand-hewn or manufactured?)
 Primary Heat: _____ Secondary _____ Type of siding: _____
 Do you have a wood burning device? _____ Where? _____
 Electrical: BREAKERS FUSES Air conditioning?: _____ (Same duct system as heat?) _____
 How many acres: _____ How is it used? _____
 Updates: Wiring (year) _____, Plumbing (year) _____, Heating (year) _____
 Stories (not including basement): 1, 1 ½, 2, 3, Bi-level, Tri-level _____
 Square footage (not including basement): _____
 Foundation: BASEMENT (Walkout?: _____) CRAWLSPACE SLAB OTHER _____
 Percent of basement finished: _____ Total square footage of entire basement: _____
 Garage: ATTACHED DETACHED Size (# of cars) _____ Finished square footage _____
 Detached structures on property and square footages: _____
 Do you rent a storage unit? (list address) _____
 Do you have a home business?: _____ Trampoline?: _____ Swimming pool?: _____
 Number of Bathrooms: Full _____, ½ bath _____
 Flooring in home and % of each kind: _____

 Deck square footage and type: _____, Porch: _____ Open Enclosed
 Do you have: smoke alarms _____ dead bolt locks _____ fire extinguisher _____
 _____ alarm system _____ sprinkler system _____ CO2 alarm
 Do you schedule items? (details and value) _____
 Any specialized interior or exterior items and values: _____
 Do you own any recreational vehicles? _____
 Anything special we need to know about your home: _____



Billing: How do you pay for your home insurance: [] I pay [] Mortgage company pays (Escrowed)

Mortgage Company address: _____

Loan # _____

If you pay your insurance, do you pay one annual payment, quarterly, monthly, or bi-annually? _____

Have you ever declared bankruptcy? _____ Year/Explain: _____

Has any company cancelled or refused to renew your insurance? If yes, explain: _____

Your current auto insurance carrier: _____

NOTICE OF INSURANCE INFORMATION PRACTICES: (please read and sign below)

- a. There are times when insurance companies will collect information about a person through public records or other sources.
- b. This information is treated confidentially. However, customer information may be shared with others when it is appropriate or required under law. This usually involves such people or organizations as agents, company underwriters, independent claims adjusters, government offices which may subpoena records, or insurance support organizations which gather data to help prevent insurance crimes.
- c. Our customers may see certain information about themselves in the insurance company files (as allowed by law) and may request corrections of any inaccuracies.
- d. If the customer would like to receive more detailed description of their rights and the procedures the insurance company follow regarding information in their files, you may request that the insurance company send one.

I have read and understand the above statements. All information and statements given on this form and to the agent are true, complete, and correct to the best of my knowledge. Signed _____ Date _____

This form is not an application and in no way binds coverage for your property. Please return to an agent at Glacier Insurance of Libby for a quote. Thank you for inquiring with Glacier Insurance.

Can you email us photos of the outside of your home? _____ Would you prefer to drop off photos to our office? _____