



WEST TEXAS INSURANCE EXCHANGE, INC.

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HOMEOWNERS INSURANCE QUOTE

Table with 3 columns: NAME, Social Security, # Phone. Sub-headers: Physical Address, City, ST& Zip.

How long have you lived here? _____ years. If less than 3 years, what was your previous address?

Have you had Homeowner, Dwelling or Renter's Insurance in your name in the past 3 years? [] Yes, [] No.

If so, have you filed any claims on it in the past three years? [] Yes, [] No.

Type of Claim(s) _____ Date(s) of Claim(s) _____ Amt Paid _____
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Year House Built: _____ Construction of House: [] Brick Veneer, [] Frame, [] Stucco, [] other _____

Roof Material: [] Composition [] Wood Shake [] Flat tar [] other _____ Age of roof _____

How many stories: [] 1, [] 2, [] 3 Square feet of 1st floor living area: _____

What year electrical system up-dated? _____ Type of wiring? [] Copper [] Aluminum, explain other _____
Circuit breakers, [] Yes, [] No

Year heating up-dated? _____ Age of furnace burner? _____ Year plumbing up-dated? _____

Any water leaks throughout the house? [] Yes, [] No _____

Attached garage? [] Yes [] No. Attached carport? [] Yes [] No. If a carport, storage space in it? , [] Yes, [] No

How many cars does carport or garage hold? [] 1 [] 2 [] 3 [] 4.

Number of bathrooms? [] 1 [] 2 [] 3. Number of Half-baths? [] 1 [] 2 [] 3

Is house built on [] concrete slab or does it have [] crawl space? Is there a finished attic? [] Yes, [] No

Is there a finished basement? [] Yes, [] No. Is there a fireplace? [] Yes, [] No. How many hearths? [] 1 [] 2

How many chimneys [] 1 [] 2 Is there central heat? [] Yes, [] No Is there central air? [] Yes, [] No

If no central heat or air, what type do you have? [] evaporative cooling? [] other _____

Please indicate which and how many of the following you have.....

Air Humidifier _____ Bathroom heater _____ Ceiling fans _____ Central vacuum _____ Build in oven _____
Hood Vent _____ Counter top range _____ Dishwasher _____ Garbage disposal _____ Trash compacter _____
Microwave oven built in (not on the counter top) _____ Washing machine built in (not set in) _____ Dryer built in (not set in) _____
Water softener system _____ Prefab fireplace _____ Roof exhaust fan _____
Whole house exhaust fan _____ Intercom system _____ Sauna _____ Jet tub _____ Hot tub _____
Whirlpool _____ Wet bar _____ Interior sprinkler system _____ Wood burning stove _____ Smoke detectors _____
Dead bolt locks _____ Skylights _____ Electronic air filter _____ Heat exchanger _____
Garage door openers _____

Is there a central station of monitored security system? [] Yes, [] No

Is there a central station of monitored fire alarm system? [] Yes, [] No

If so, we will need a copy of a current invoice for service if we write the coverage. Is there a local alarm system that sounds in the neighborhood? []

Current Insurance Carrier: _____ Current Premium: _____

Insured: Value of home: _____ Property Deductible: [] \$250, [] \$500 [] 1%, [] Other \$ _____

Mortgage Company & Address: _____

Please list any additional features which may enhance the value of the swelling, such as marble entryways, stained glass windows, marble plumbing fixtures, silver or gold or other than the normal type of handles, spigots, etc., swimming pool.

Horizontal lines for listing additional features.

All information entered on this form is true and correct to the best of my knowledge. All quotes are subject to underwriting criteria and availability of rates. By sending this form you are authorizing West Texas Insurance Exchange, Inc., to obtain all reports necessary to quote your coverage with companies available to us. These reports may contain credit reports, driving records and claim history.