



# Tara Insurance Agency

Nick Todd-Lis #0G53950

PO Box 4217, 54385 N. Circle Dr, #B Idyllwild, Ca. 92549

(Office) 951-659-3212 (Cell) 951-500-7910 (Fax) 951-659-3217

Nick@TaraInsuranceAgency.com

## Homeowner and Renter Quote Information Worksheet

### \* Required Information

Some information is required for quote. All information is required for a more accurate quote.

#### Primary Homeowner

\*Full Name \_\_\_\_\_ Married? YES NO  
 \*Date of Birth \_\_\_/\_\_\_/\_\_\_ SSN \_\_\_-\_\_\_-\_\_\_ Driver's License No. \_\_\_\_\_  
 \*Dwelling Address Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 \*Mailing Address Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 \*Home Phone# \_\_\_-\_\_\_-\_\_\_ Cell Phone# \_\_\_-\_\_\_-\_\_\_  
 Occupation \_\_\_\_\_ \*Email \_\_\_\_\_

#### Additional Interest or Homeowner

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
 Home Phone# \_\_\_-\_\_\_-\_\_\_ Cell Phone# \_\_\_-\_\_\_-\_\_\_  
 Email \_\_\_\_\_

#### Dwelling Information

\*Primary Res? YES NO \*Seasonal? YES NO Renter Landlord  
 Year Built \_\_\_\_\_ Sq Footage \_\_\_\_\_ Roof Type \_\_\_\_\_  
 Construction Type? Wood Frame Masonry Veneer \*Distance to Fire Hydrant \_\_\_\_\_ Feet  
 Deck? \_\_\_\_\_ Sqft \*Fireplace(s) \*Age of: Roof \_\_\_ Plumbing \_\_\_ Plumbing Type \_\_\_\_\_  
 \*Number of: Stories \_\_\_\_\_ Units \_\_\_\_\_ Closed escrow within 60 days: YES NO  
 Forested Area YES NO Flood Area YES NO Brushfire Area YES NO  
 Home Alert Protection? Burglar Alarm \_\_\_ Fire Alarm \_\_\_ Monitored Burglar & Fire Alarm \_\_\_  
 \*Garage Type? Spaces \_\_\_ Attached Detached

#### Addable Coverage

Extended Replacement Cost,+25% YES NO Jewelry & Silverware? YES NO  
 Computer Equipment? YES NO Home Freezer Content? YES NO  
 Identity Theft? YES NO Animal Liability Coverage? YES NO  
 Water Backup? YES NO Personal Injury Liability? YES NO  
 \*Earthquake: (Separate deductible applies) YES NO Umbrella? \$500K\_\_\_ \$1M\_\_\_ \$2M\_\_\_

**Personal Liability Extended to Other Location:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Mortgagee Information**

\*Company Name \_\_\_\_\_ Loan No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Additional Comments:

Would you like to be quoted on another home? Please use copy of this form (HRS20120404)

Save under last name, Print and Fax to 951-659-3217 or email to [Info@TaraInsuranceAgency.com](mailto:Info@TaraInsuranceAgency.com)

Additional information may be required. For Additional Homes use separate worksheet.

Some information is required for quote. All information is required for a more accurate quote.

All quotes are subject to change pending underwriting review.