



Home Insurance Quote

"Serving The Valley Since 1911"

220 E. Tom Landry • Mission, TX 78572
Ph: (956) 581-2183 • Fax: (956) 581-4226

GENERAL INFORMATION

Type of Coverage: Commercial Personal

Full Name: _____

D.O.B.: (MM/DD/YY) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-Mail: _____

Do you currently have auto insurance? Yes No

How many months have you had current policy? _____

Insurance Company: _____

Policy Expires: (MM/DD/YY) _____

COVERAGE

Replacement Cost/Amount of Insurance Desired: _____

Square Footage: _____

Personal Liability: \$50,000 \$100,000 \$300,000

Medical Payments: \$1,000 \$3,000 \$5,000

Deductibles:

Dwelling: \$500 \$1,000 1%

Contents: \$500 \$1,000 1%

RATING DATA

Home Construction: Brick Veneer Wood Frame Stone Veneer Log Aluminum Siding

Roof Construction: Composite Shingle Wood Shingle Metal Terra Cotta Tile

Is this a mobile home? Yes No

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Dwelling Location:

City: _____ County: _____

Inside City Limits Outside City Limits Over 5 Miles Outside

Year Dwelling Built: _____ Year Roof Installed: _____

Number of claims filed last 3 years:

Cause of claims: _____

Do you currently have insurance on the dwelling? Yes No

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