

Bird Island-Hawk Creek Quote Sheet
Homeowners/Dwelling
Fax: 320/365-4230

Name Insured :	
Address 1 :	
Address 2 :	
City, St Zip :	
Property Loc :	
Effective Date :	
Term <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly	
Package Company:	
Perils: <input type="checkbox"/> Fire <input type="checkbox"/> Wind <input type="checkbox"/> CPL <input type="checkbox"/> FCPL <input type="checkbox"/> Inland Marine	
Deductible: <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000	
Total acres:	
Agency Name: _____ Agency #: _____ Agent Name: _____	
Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Rented <input type="checkbox"/> Vacant	
Miles from fire department:	
Mobile Home \$ _____ Dimensions X <input type="checkbox"/> Piers <input type="checkbox"/> Basement <input type="checkbox"/> Cont foundation	
Modular Home \$ _____ Dimensions X <input type="checkbox"/> Piers <input type="checkbox"/> Basement <input type="checkbox"/> Cont foundation	
Dwelling: \$ _____ Year of Construction:	
<input type="checkbox"/> Named Peril – Actual Cash Value	Roof Update <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____
<input type="checkbox"/> Special Form – Replacement Cost Cov.	Plumbing Update <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____
Should Superior Dwelling Discount apply?	Electrical Update <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____	
Household Goods: \$ _____ <input type="checkbox"/> Repl Cost <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Add'l Living Exp: \$ _____	
Other Structures: \$ _____ type: _____	
Fire Dept Service: \$ _____	
Water/Sewer Backup \$ _____	
Wood Heat <input type="checkbox"/> yes <input type="checkbox"/> no	
Other: _____	
Liability: CSL \$ _____	
Med Payments: \$ _____	
Damage to Prop: \$ _____	
Addl requirements: _____	
Inland Marine:	
1. _____	Deductible: _____
2. _____	Deductible: _____
3. _____	Deductible: _____
4. _____	Deductible: _____
Previous Carrier :	
Renewal Date :	
Loss History :	
Comments :	