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Home Quote Sheet

Date: _____

Applicant Information

Full Name:

<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Date of Birth</i>	<i>SS#</i>
_____	_____	_____	_____	_____
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Date of Birth</i>	<i>SS#</i>
_____	_____	_____	_____	_____

Address:

Street Address _____

City _____ State _____ ZIP Code _____

Home Phone: _____

Cell Phone: _____

Email: _____

Occupation: _____

Dwelling Information

Property Location: _____ Year Built: _____
 1 Family [] 2 Family [] 3 Family []
 Total Living Area: _____
 Style _____
 Distance to FD: _____ Distance to Hydrant _____ Date Purchased: _____
 Purchase price: _____
 Age of Heating System: _____ Oil [] Gas [] Age of Hot water Heater: _____ Wood Stove Y / N
 Location of tank if oil heat: Basement [] Outside above ground [] Outside below ground [] Sump Pump Y / N
 Age of Roof: _____ Are there any flat sections of Roof Y / N Central Fire Alarm Y / N Central Burglar Alarm Y / N
 Type of Siding _____ Backup Generator Y / N Pool Y / N Trampoline Y / N
 Attached Garage # cars _____ #Full Baths _____ #Half Baths _____ Basement Y / N %Finished Basement _____
 Upgrades done since built: *(include all work related to roofing, plumbing, electric & heating – be specific, include dates)*

Coverage

Current Coverage: *(skip if new purchase)*

Dwelling Limit: _____

Loss of Use: _____

Other Structures: _____

Liability: _____

Personal Property: _____

Medical Payments: _____

Endorsements attached to policy:

Deductible: _____ Hurricane Ded: _____

Replacement cost dwelling Y / N

Replacement cost personal property Y / N

Scheduled Personal Property Y / N *(list all items in remarks with amounts – appraisals may be needed)*

All other endorsement should be listed in remarks

Mortgage

1st Mortgagee _____

Loan# _____

2nd Mortgagee _____

Loan# _____

Loan Amount: _____ Escrow Y / N

Please email a copy of the bank appraisal if house is a new purchase.

Other

Referred by: _____

Current Insurance Company _____ Expiration Date _____

Primary Residence Y / N Secondary Residence Y / N Seasonal Residence Y / N *(explain fully in remarks)*

Short Term Rentals Y / N # of Rental Units _____

House in foreclosure Y / N New Purchase Y / N Non-Smoking Household Y / N

Dog Y / N (Breed) _____ # Residents in household _____

Prior Address (if less than 3 years at current or if new purchase)

REMARKS

CLAIMS *(list all claims made for past 5 years)*

Please submit by email or fax along with copy of current policy (if available)