



# HOME QUOTE FORM

Return to:  
 Fax #: 636-239-0458  
 www.danyoestinsurance.com

Who REFERRED You To Us? \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SS# \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ DOB: \_\_\_\_\_

SS# \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HMPHONE: \_\_\_\_\_ CLPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CURRENT INS. CO? \_\_\_\_\_

PREMIUM? \$ \_\_\_\_\_

**CURRENT COVERAGES:**

\$ _____ Dwelling	\$ _____ Medical Payments
\$ _____ Other Structures	\$ _____ Liability Limits
\$ _____ Personal Property	\$ _____ Deductible
\$ _____ Scheduled Prop *Explain in remarks on back of this page.	
Earthquake Coverage? ____ Deductible % ____	Water/Sewer Backup? ____ Amount \$ ____

Smoke Detectors? Y N How many? _____	Business out of Home? Y N Type? _____
Fire extinguishers? Y N	Domestic Help? Y N
Monitored Alarm System? Y N	Dead bolts on all outside doors? Y N
Wood Stove? Y N	Trampoline? Y N
Fireplace? No Yes: Wood Gas Electric	Pool? No Yes: In-ground Above ground
	Fenced? Y N Height? _____
	Diving Board? Y N Slide? Y N
Pets? Y N Breed of dog? _____	Claims in last 5 years? Y N *If yes, please explain in remarks on back.

