



DRISCOLL

Homeowners Quick Quote

Send Completed Quote Form to:

(562) 252-8711, quotes@driscollinsured.com
or complete at driscollinsured.com/home

CONTACT INFORMATION

Name _____ Date of Birth _____

Phone _____ Fax _____ E-mail _____

How do you prefer to be contacted? ☐ phone ☐ fax ☐ e-mail Date Home Purchased _____

HOME INFORMATION

Property Address: _____

City _____ State _____ Zip Code _____

Year built _____ Construction Type: _____ Exterior Type: _____

Foundation Type: ☐ Slab ☐ Raised ☐ Basement Earthquake Retrofitted: ☐ yes ☐ no

Square Footage: _____ Number of Stories: _____ Number of Baths: Full _____ $\frac{3}{4}$ _____ $\frac{1}{2}$ _____

Flooring Percentage: Wood _____ Carpet _____ Tile _____ Other _____

Garage Type: ☐ Attached ☐ Detached ☐ Built-in ☐ Car-port How many spaces: _____

Is there a fireplace? ☐ yes ☐ No If yes, # of chimneys _____ # of hearths _____

Any decks/balconies? ☐ yes ☐ no If yes, please list dimensions and type: _____

Any dogs in the home? ☐ yes ☐ no If yes, what breed: _____

Pool: ☐ yes ☐ no Jacuzzi: ☐ yes ☐ no Diving Board: ☐ yes ☐ no Slide: ☐ yes ☐ no

SAFETY FEATURES OF HOME

Gated Community? ☐ yes ☐ no Fire Sprinklers? ☐ Yes ☐ No _____% of home

Fire Alarm: ☐ None ☐ Local ☐ Central Reporting Burglar Alarm: ☐ None ☐ Local ☐ Central Reporting

Indicate any other safety features (select all that apply):

☐ Battery Smoke Detectors ☐ Wired Smoke Detectors ☐ other _____

HOME IMPROVEMENTS

Roof Type: _____ Heating Type: _____

Wiring Type: _____ Plumbing Type: _____

Please **list update year or write "none"**: Roof: _____ Wiring: _____ Heat/AC: _____ Plumbing: _____

COVERAGE DESIRED

Dwelling Amount (refer to your current policy): \$ _____ Deductible: \$ _____

Please list values for: Computers _____ Bicycles _____ Jewelry _____

Firearms _____ Tools _____ Cameras _____ Solar _____

Interested in **Flood or Earthquake** Coverage? ☐ Flood ☐ Earthquake ☐ Not interested

Interested in **Saving Up to 30%** by combining with your Auto Insurance? ☐ Yes ☐ No

INSURANCE INFORMATION

Current Carrier: _____ Expiration Date: _____ Premium: _____

Any Claims in last 3 years? ☐ yes ☐ no If yes, provide date, amount paid and description. _____