



MAIN STREET INSURANCE
Insurance • Medicare • Retirement

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Fountain Inn, SC 29644
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Home/Renters/Condo/Dwelling Fire Insurance Quote Information
(Circle one)

Name: _____

Property Address: _____ City, State, Zip Code: _____

Mailing Address: _____ City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Please list ALL legal names exactly how they appear on your deed.

(Renters please list all adult occupants.)

	Name	Social Security #	Date of Birth
1			
2			
3			

Current coverage amount: _____ Current premium: _____ Deductible: _____

Purchase price: _____ # of Mortgages: _____ Year Purchased: _____

Is your home in the name of a trust? If so, please list name of the trust: _____

Construction Type: _____ Year built: _____ Square feet: _____ Foundation: _____

of stories: ____ Roof type: _____ Heat type? ____ Central air? ____ # of Bathrooms: _____

of Fireplaces?: ____ Fireplace type? _____ Dogs? If so, what breed? _____

Swimming pool? ____ In or above ground? _____ Diving board? _____

Updates? (Please list year) Roof: ____ Electrical: ____ Plumbing: ____ Heating: ____

Porches, patios, or decks? ____ # of porches: ____ # covered: ____ # open: ____

Garage or carport? _____ Attached or detached? _____ # of stalls: ____

Centrally monitored burglar and/or fire alarm? ____ Is it currently activated? ____

Any type of business, including childcare, on premises? ____ If yes, what type? _____

Do you currently have a personal liability umbrella policy? ____ If yes, what amount? _____

Do you carry additional coverage for items such as jewelry, firearms, or other personal items? _____

Is this residence your primary or secondary home? _____ Is this a home you rent to others? _____

Are you a member of a homeowner's association? ____

Who is your home currently insured with? _____ When does your current policy renew? _____

Is your home currently in escrow? ____ Name of mortgage company : _____

Comments: (Please provide information of any claims made in the last three years)