

# Stevenson Insurance



**Our Customers are our #1 Priority**

## HOME QUOTE

Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Social Security #(s): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Year house was built: \_\_\_\_\_

Year of updates:

Roof: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Furnace: \_\_\_\_\_

Electrical: \_\_\_\_\_

Replacement cost of home: \_\_\_\_\_

Deductible: \$250 \$500 \$1000

Company that current homeowner's policy is with: \_\_\_\_\_

Please fax back to: 507.634.4844