

Reliable Insurance Managers Inc

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Katy, TX 77494

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Email all forms to email below

Email: csr@reliableins.net

Home Owners Insurance Quote Sheet

Quote Date: _____

Ins. Company: _____

Applicant's Information:

Home Tel#: _____

Work Tel#: _____

County: _____

Primary Owner's SSN: _____

Date of Birth: _____

Property / Coverage / Underwriting Information

Occupancy: Primary Owner Owner - New Purchase Tenant Vacant

Purchase Date: _____ Purchase Price: _____ Date Cov. needed: _____

Inside City Limits Outside City Limits Year Built: _____ Roof Age: _____

Construction: Frame Brick Veneer Brick Stucco Other: _____

Sq. Ft. Area: _____ Stories: _____ No. of Rooms: _____ Heating: _____

Year Updated: Wiring: _____ Heating: _____ Plumbing: _____ Roof: _____

Current Ins. Carrier (if applicable): _____ Expiration Date: _____

Loss History (5 Years): _____

Any Business on premises? Yes No Description: _____

Swimming Pool / Hot Tubs? Yes No Description: _____

Is there a Trampoline? Yes No Description: _____

Animals on premises? Yes No Description: _____

Type of Coverage:	HO-B	HO-A	TDP1	TDP2	Other: _____
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Coverage / Premium Information:

Dwelling: _____ Policy Term: **12 Months**

Contents: _____ Premium: _____

Additional Structures: _____ Policy Fee: _____

Liability: _____ Agency Fee: _____

Medical: _____ TERM TOTAL: _____

Discounts / Notes:

Down Payment: _____

Monthly Payment: _____

No. of Payments: _____