



# Homeowners Insurance Quotation

Please fill-in the following information, and return this form to our office at:

38 Bellevue Avenue, Suite B  
Newport, Rhode Island 02840

You may also return this form to us via **fax to (401) 849-4980** or **e-mail to Quotes@dfdwyer.com**

To protect your privacy, we will contact you shortly by your preferred method of contact to request additional personal information (including a SSN for each applicant listed) and inquire about specific characteristics of the property so that we may provide you with the most accurate quotation possible.

Applicant First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 DOB \_\_\_\_\_ Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Preferred Method of Contact       Phone       E-mail

*Please provide information for any other owners listed on the deed:*

Applicant First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 DOB \_\_\_\_\_ Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_  
 Is this a primary or a secondary home?       Primary       Secondary       Rental  
 What type of property is this?       Single-family  Multi-family  
 Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_ Closing Date \_\_\_\_\_  
 Will there be a lien on the property?       Yes       No

*If YES, please provide lien-holder information:*

Company \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Will there be any swimming pools, trampolines, or other additions to the property?       Yes       No

*If YES, please specify.* \_\_\_\_\_

Will there be any exotic animals residing on the premises?       Yes       No

*If YES, please specify.* \_\_\_\_\_

Have there been any additions, renovations, or alterations made to the plumbing, heating, roof, or electrical systems?       Yes       No

*If YES, please specify.* \_\_\_\_\_

Are you interested in quoting any other insurance risks or services? (Check all that apply.)

Homeowners     Condominium     Tenant     Excess Liability     Personal Umbrella  
 Commercial     Life     Health     Boat     Financial services     Other \_\_\_\_\_