



Homeowner's Quote Sheet

RJR Insurance Attn: Robert Ruffalo

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Names: _____ and _____

DOB: _____ Soc.: _____ and DOB: _____ Soc.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Referral Source (how did you hear of us): _____

Construction Type: _____ # of Stories _____ # of Bathrooms _____

Slab Crawlspace Basement Fireplace Heat Source: _____

Square Footage: _____ Garage: none attached detached

Floors: _____ % hardwood _____ % carpet _____ % tile _____ % laminate

Any Animals: Yes No **If yes type:** _____

Swimming Pool Fenced Yard Trampoline

Year Built: _____ Closing Date: _____ Purchase Price \$: _____

Any Updates?: Yes No **List year if yes:**

Wiring: _____ Heating: _____ Electrical: _____ Roof: _____

Check if you have:

Smoke Alarm Dead Bolts Smoke Detector

Alarm System If Alarm is Monitored

Any claims in last 5 years? Yes No

If yes, give year and explain: _____

Prior Insurance: Yes No

If yes: Carrier: _____ Expiration Date: _____