

Insurance Online, TEXAS

James Stafford Insurance Agency
1562 NW Access Rd.
Mount Vernon, TX 75457

Homeowners Quote Request

Phone: (903) 537-2819

Toll-Free: 1-888-869-4904

Fax: 1-888-475-4437

Name:	Telephone:
Address:	Bus. Telephone:
City: State: Zip:	Other Phone:
Employer: County:	Email Address:

In order to provide the best price available to you, we need the following information. This is strictly used for quoting your insurance program. Once your quote is complete, the information is destroyed within approximately 15 days. **All information** is strictly confidential and is destroyed by shredding before being discarded.

Owners

Owner (s)	Gender	Social Security #	Date of Birth
1.	M F		
2.	M F		

Coverage Info

Dwelling Coverage Amount: \$ _____

Personal Liability: \$ _____

Deductible Amount: \$ _____

Home Info

Property Location: _____ City: _____ State: _____ Zip: _____ County: _____

If New Purchase, purchase date: _____ Purchase Price: _____ Closing Date: _____

Square Footage: _____ # of Stories: _____ Construction Type: BRICK FRAME STUCCO OTHER _____

Year Built: _____ # of Full-Baths _____ # of Half-Baths _____ # of Fireplace(s) _____

Garage Type: DETACHED ATTACHED (circle one) Size: 1-car 2-car 3-car 4-car CONVERTED (circle one)

Roof Information

Age of Roof: _____ years

More than one layer of Roof? YES NO If yes, how many layers? _____

Type of Roof: COMPOSITION WOOD SHAKE TILE OTHER _____ (Circle One)

Loss Information

Any Losses in past three years? YES NO If yes, please provide details (Date, Type of Loss and Amount Paid): _____

Discount Information

Are owners age 50 or above: YES NO

Any Smokers in household: YES NO

Special Risks

Do you having a swimming pool? YES NO If yes, does it have a diving board? YES NO

Do you have a trampoline? YES NO

NOTICE: As a part of our underwriting process for all applicants, to provide you with an accurate premium amount, we have asked a series of questions, some of which are confirmed through consumer reports, which may include credit information. If this is acceptable and the form is completed in its entirety, please sign and date as acceptance of these terms and conditions.

Signed: _____ Date: _____