



F. A. Peabody Company
 "When you're serious about insurance"



FAPCO Home Quote Form

Name: _____ DOB: ____ - ____ - ____ SS#: ____ - ____ - ____

Name: _____ DOB: ____ - ____ - ____ SS#: ____ - ____ - ____

Physical Address: _____

Phone - Best Number To Contact and Time: _____ Email: _____

Current/Prior Insurance Co: _____ Coverage Been/Has Been Cancelled Y / N
 If Yes, Why? _____

Losses:

Date: _____ Cause: _____ Ammt. Paid: _____

Date: _____ Cause: _____ Ammt. Paid: _____

Date: _____ Cause: _____ Ammt. Paid: _____

Dwelling Coverage Limit: _____ Deductible: _____ Liability Limit: _____

Year Built: _____ Construction Type: _____ Miles to Fire Dept _____

Number of Stories: _____ Dimmensions/ Sq. Footage: _____ # of Families _____

Type of Primary Heat: _____ Last Update: _____

Supplemental Heat: _____ Separate Chimney / Flue: Y / N

Electrical: Circuit Breakers or Fuses? _____ Number of Amps: _____ Last Update: _____

Roof Type: Asphalt / Metal / Other _____ Last Update: _____

Garage: Attached / Detached _____ Number of Vehicles: _____

Smoker: Y / N _____ Smoke Detectors: Y / N _____ Detectors Hard Wired: Y / N _____

Alarm System: Burglar / Fire _____ Central Station or Monitored _____

Pets: Y / N Types: _____ Breeds: _____

Pool: Y / N Inground / Above Ground Fenced? Y / N _____ Trampoline: Y / N _____

Business on premises : Y / N Type: _____

Jewelry: _____ Silverware: _____ Firearms: _____

Fine Arts/ Other Collections: _____ Computer(s): _____ Tractor(s) _____

Directions to house: _____