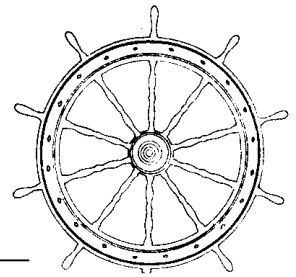


Boland Insurance Agency, Inc. _____



HOMEPROTECTOR QUOTE INFORMATION

NAME _____ DATE _____

DOB: _____ SOC.SEC #'S _____

ADDRESS _____ CITY _____ ZIP _____

HOME PH _____ CELL PH _____ WORK PH _____

LENGTH OF TIME AT ADDRESS _____ CLAIMS IN LAST 5 YRS _____

YEAR BUILT _____ # OF STORIES _____ SQ FOOTAGE _____

BASEMENT FULL/HALF _____ FINISHED/UNFINISHED _____ %

GARAGE ATTACHED/DETACHED? # OF STALLS _____ DECK SQ FT _____

OTHER STRUCTURES (SHED, ADDIT GARAGE, ETC) _____

EXTERIOR CONSTRUCTION: BRICK _____ % WOOD _____ % VINYL _____ %
ALUMINUM _____ % OTHER _____ %

AGE OF ROOF _____ TYPE OF ROOF _____ (SLATE, ASPHALT)

AGE OF ELECTRICAL _____ (MUST HAVE CIRCUIT BREAKERS) AMPS _____

AGE OF FURNACE _____ TYPE OF HEAT: GAS/HOT WATER/ELECTRIC

CENTRAL AIR ? Y/N PLUMBING UPDATED? _____

FIRE HYDRANT ___ YES ___ NO WITHIN ___ FT. SMOKE DETECTORS _____

MILES TO NEAREST RESPONDING FIRE DEPT _____

POOL ON PREMISE ___ YES ___ NO ABOVE GROUND ___ IN GROUND ___
FENCED W/LOCKED GATE? _____ ANY SLIDE/DIVING BOARD? _____

PETS? TYPE _____ BREED _____ HOW MANY _____

ANY BUSINESS CONDUCTED ON PREMISE _____ DAYCARE _____

ANY WOODSTOVES/SPACE HEATERS/FIREPLACES _____

FLOORING %CARPET _____ %VINYL _____ %HARDWOOD _____
%CERAMIC TILE _____

SCHEDULED PROPERTY _____ (LIST TOTAL VALUE)
(JEWELRY/FURS, ETC)

WATER/SEWER BACKUP COVERAGE? Y/N

VALUE OF DWELLING ON CURRENT POLICY \$ _____

LIABILITY LIMITS: _____

MEDICAL PAYMENTS: _____

POLICY DEDUCTIBLE: _____

*QUOTES WILL BE GENERATED BASED ON CURRENT INFORMATION. INSURANCE REPLACEMENT COST ESTIMATES REQUIRED FOR FINAL SUBMISSION MAY CHANGE VALUE OF HOME AND ANNUAL PREMIUM.