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## HOMEOWNERS QUOTE SHEET

Date: \_\_\_\_\_

Name Insured: \_\_\_\_\_

Property Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Distance to Hydrant: \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Dist. to Fire Dept: \_\_\_\_\_

Claim History: \_\_\_\_\_ Fire District: \_\_\_\_\_

Dwelling Value: \_\_\_\_\_ Liability Limit: \_\_\_\_\_

Medical Pay Limit: \_\_\_\_\_ HO:  (1)  (2)  (3)  (4)  (5)  (6)  (HE-7)

Protection Class: \_\_\_\_\_ Year Built: \_\_\_\_\_

Construction:  Frame  B/V Deductible: \_\_\_\_\_  No

R/C Dwelling:  Yes  No R/C Contents:  Yes

Square Footage: \_\_\_\_\_ Deck: \_\_\_\_\_ Porch: \_\_\_\_\_

Carport/Garage: \_\_\_\_\_ # of Bath \_\_\_\_\_

Local or Central Alarm:  Yes  No Construction:  Yes  No

Fire Extinguisher:  Yes  No Construction:  Yes  No

Heat Type: \_\_\_\_\_ Fireplace: \_\_\_\_\_

Update: Plumbing: \_\_\_\_\_ Roof: \_\_\_\_\_ Wiring: \_\_\_\_\_

Heating: \_\_\_\_\_ Pool: \_\_\_\_\_ Dogs: \_\_\_\_\_ Trampoline: \_\_\_\_\_

Special Endorsements: