



Homeowners Insurance Quotation

Please fill-in the following information, and return this form to our office at:

38 Bellevue Avenue, Suite B
Newport, Rhode Island 02840

You may also return this form to us via **fax to (401) 849-4980** or **e-mail to Quotes@dfdwyer.com**

To protect your privacy, we will contact you shortly by your preferred method of contact to request additional personal information (including a SSN for each applicant listed) and inquire about specific characteristics of the property so that we may provide you with the most accurate quotation possible.

Applicant First Name _____ Middle Initial _____ Last Name _____
 DOB _____ Marital Status _____ Occupation _____
 Mailing Address _____ Apt/Unit _____
 City _____ State _____ Zip Code _____
 Location Address _____ City _____ State _____ Zip Code _____
 Phone (____) _____ E-mail _____
 Preferred Method of Contact Phone E-mail

Please provide information for any other owners listed on the deed:

Applicant First Name _____ Middle Initial _____ Last Name _____
 DOB _____ Marital Status _____ Occupation _____
 Is this a primary or a secondary home? Primary Secondary Rental
 What type of property is this? Single-family Multi-family
 Year Built _____ Square Footage _____ Closing Date _____
 Will there be a lien on the property? Yes No

If YES, please provide lien-holder information:

Company _____
 Address _____ City _____ State _____ Zip _____

Will there be any swimming pools, trampolines, or other additions to the property? Yes No

If YES, please specify. _____

Will there be any exotic animals residing on the premises? Yes No

If YES, please specify. _____

Have there been any additions, renovations, or alterations made to the plumbing, heating, roof, or electrical systems? Yes No

If YES, please specify. _____

Are you interested in quoting any other insurance risks or services? (Check all that apply.)

- Homeowners Condominium Tenant Excess Liability Personal Umbrella
- Commercial Life Health Boat Financial services Other _____