

Lightning Insurance Group

Homeowners/Renter's Quote

First and Last Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Homeowners

1. Do you currently have home insurance? Yes ___ No ___
If yes, please provide company name: _____
2. Is there a trampoline or skateboard ramp on the premises? Yes ___ No ___
If yes, is it fenced? Yes ___ No ___
3. Is there a pool on the premises? Yes ___ No ___
4. Have there been any claims made in the last 5 years? Yes ___ No ___
5. Any animals or exotic pets? Yes ___ No ___
6. Square footage? _____
7. Year built? _____
8. Is there a garage? Yes ___ No ___ If yes, is it detached or attached? _____
9. Is it a mobile home? Yes ___ No ___
If yes, is unit tied down to concrete foundation? Yes ___ No ___
10. Construction type?
Frame (not otherwise classified) _____
Brick Veneer or Stone Veneer _____
Brick, Stone or Masonry _____
Stucco or Asbestos _____
Mobile Home _____
11. Type of foundation? Full basement ___ Crawl space ___ Slab ___ Stilts ___
12. Number of stories? _____
13. Roof type? Composite shingle ___ Wood (shingle, shake, hardboard, etc.) ___ Clay ___
14. Estimated home value _____

Renters

1. Estimated Value of all your personal Property _____
2. Requested Liability amount by Apartment complex _____