

Insurance Quote Request

Attn: Lisa Rassmy 800-232-3908 ext. 112

First Name			Last Na	ame		
Phone Numbe	er					
Date of Birth			SSI # _			
Mobile Home	Park					
City			State	Zip		
Year Built		Make _		Model		
Size of Home	Width		Length			
Decal Number	of Home					
Purchase Pric	e \$					
Patio	Yes	No	Width	Length _		
Fireplace	Yes	No				
Skirting Type	Block		Brick	Wood	Metal	
Have you had a homeowner insurance claim in the last three years? Yes No						
Owner Occupied Primary Residence						
Second	d Home	Rent	al	Buy For	Investment	
Personal/Premises Liability		\$100,000	\$300,000	\$500,000		
Deductible			\$250	\$500	\$1000	
Have you had	a bankruptcy	in the I	ast 5 years?	Yes	No	
Name of current mortgage holder.						
How Would You Like To Receive This Quote?						
Email						
Fax ()					
17842 Irvine Blvd. Suite B204 Tustin, CA 92780						

714-731-8080 800-232-3908 Fax 714-731-3908