



mathison
insurance
partners, inc.

High Value Home Quick Quote

Named Insured:		Date of Birth:	Social Security No.:
Occupation/Employer:			Phone Number:
Spouse:		Date of Birth:	Social Security No.:
Occupation:			Phone Number:
Location Address:		City & State:	Zip Code:
Mailing Address (if Different):		City & State:	Zip Code:
Prior Carrier:		Prior Premium:	Effective Date:
If non-renewed, rejected or cancelled please list reasons below:			
Dwelling Amount:	Other Structures:	Contents:	Personal Liability Amount:
Deductible:		Year Built:	
\$1,000	\$25,000	Year Electrical:	
\$2,500	\$50,000	Year Plumbing:	
\$5,000		Year Heating:	
\$10,000		Year Roof:	
Construction Type:		Occupancy:	Protection Class:
Roof Type:		Roof Shape:	
Square Footage:		No. of Stories:	No. of Families:

Earthquake:		Earthquake Deductible:
Yes No		2% 5% 10% 15%
Fire Station Within 5 Miles:		Fire Hydrant Within 1,000 Ft.:
Yes No		Yes No
Central Station Burglar Alarm:		Central Station Fire Alarm:
Yes No		Yes No
24-Hour Signal Continuity:		Backup Generator:
Yes No		Yes No
Gated Community:		Guarded Gate:
Yes No		Yes No

Mortgagee Name & Address:	Loan No.:

Collections (Please indicate total amount and blanket or scheduled coverage):		
Jewelry:	Blanket	Scheduled
Fine Arts:	Blanket	Scheduled
Furs:	Blanket	Scheduled
Silverware:	Blanket	Scheduled
Stamps:	Blanket	Scheduled
Coins:	Blanket	Scheduled
Musical Instruments:	Blanket	Scheduled
Collectibles:	Blanket	Scheduled
Wine:	Blanket	Scheduled
Guns:	Blanket	Scheduled
Other:	Blanket	Scheduled

Please list all losses that have occurred in the last 5 years. Please indicate if claim is still open.		
Date of Loss:	Claim Details:	Amount of Loss: