



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:	Loss of Use:	Personal Liability:
Deductible:	Medical Payments:	Year Built:		
		Year Electrical:		
		Year Plumbing:		
		Year Heating:		
		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: