



Quote Sheet

P.O. Box 9469
Richmond, VA 23228
Ph: 800-296-9641
Fax: 804-266-1600

Please complete the questions below. Email completed forms to App@general-assurance.com or fax to the # above.

YOUR Email: _____ Effective Date: _____

YOUR Agency/Location: _____ Agent Name: _____

Named Insured: _____

Mailing: _____ City: _____ State: _____ Zip: _____

Location: _____ City: _____ State: _____ Zip: _____

Property County: _____ Insured's Phone #: _____

Insured's Email: _____ DOB: _____ SSN: _____

Occupation: _____ Employer: _____

Type of policy desired (HO3, DP3, HO4, HO6, MH):

Dwelling Coverage: _____

Other Structures (10% standard): _____

Personal Property Limit: _____ (Standard Limits: HO3-50%, DP-0%,
MH-40%, HO6/HO4-Minimum of \$15,000)

Personal Liability (\$100k, \$300k, or \$500k): _____ Medical Payments: (\$1K, \$2K, \$5K): _____

Water Backup (\$0, \$5k, or \$10k): _____ Personal Property Replacement Cost (Yes/No): _____

Dwelling Replacement Cost (Yes/No): _____ Ordinance & Law (Yes/No): _____

Dwelling Extended Replacement Cost (VA only. Yes/No): _____ Protection Class: _____

Name of Declining Carrier (SC only): _____

Number of Stories: _____ Year Built: _____ Year roof last replaced: _____ Square Footage: _____

If MH, has there been a lapse in coverage (Yes, No, New Purchase):

Occupancy of home (Primary, Secondary, Tenant, or Vacant):

Type of Construction (Frame, Masonry, Etc.):

Does the home have deadbolts, smoke alarms and fire extinguishers (Yes/No):

Does the home have a central station monitored alarm (Yes/No):

Is any business conducted on the property (Yes/No):

Any Non-Central Supplemental Heating Device (Yes/No):

Is the home a duplex (Yes/No):

Number of losses in last three years (Specify dates, amounts, etc. in the Notes section):

Mobile Homes: Year: _____ Make: _____ Model: _____ VIN: _____

Premium to Beat: _____

Notes: _____
