



The Nicholas Group
"One Solution for all your Insurance Needs"

www.nicholasgrp.com

Home Insurance Quote Sheet

Applicant Details:

Name _____ Effective Date _____

Mailing Address _____

Phone# _____ Date of Birth _____

About Your Home:

Location Address _____

Stories _____ Frame/Masonry _____ Year Built _____ Square footage _____

Alarm Systems _____ Age of Roof _____ Type of Roof _____

Any existing Damage to any portion of the home yes/no

Distance to Fire Hydrant _____ Miles to Fire Station _____

Recent 4 Point yes/no (please attach) Recent Wind Mitigation yes/no (please attach)

Pool yes/no ~ Fence yes/no ~ Trampoline yes/no ~ Pets yes/no ~ Scheduled Personal Property yes/no

Coverages:

Dwelling Coverage _____ Personal Liability _____

Personal Property _____ Medical Pymts _____

Personal Property Replacement Cost? yes/no

Deductible:

Deductible \$ _____