

UNITY MUTUAL INSURANCE
HOME OWNER QUICK QUOTE:

NAME: _____ **EFF: DATE:** _____

ADDRESS: _____ AGENCY: _____

COUNTY: _____ AGENT: _____

CITY: _____ ZIP: _____ RAM or NORTH STAR

MILES FROM FIRE DEPT: _____ DED: 250 500 1000 2500

SUPPORTING AUTO POLICY CREDIT? YES NO / **TRAMPOLINE:** YES NO

PREFERRED? _____ **REQUIRES 100% R.C. / STANDARD:** _____ **BROAD - SPECIAL?**

ANY WOOD BURNING? YES NO **REPLACE P.P.?** YES NO

DWELLING COVERAGE \$ _____ **YEAR BUILT?** _____

MONITORED SECURITY? YES NO **ROOF AGE?** _____

ALL LOSSES IN LAST 5 YRS: _____

LIABILITY LIMITS: \$ _____ **MED PAY?** \$ _____

RECREATIONAL LIABILITY NEEDED? YES NO

IF YES/ ON WHAT: _____

ADDL' INFO: - OUTBLDGS, SIZES & COVERAGE, ACRES, ANIMALS, FARMING?

INLAND MARINE: JEWELRY, GUNS, BOATS, SNOWMOBILES & CC'S? LIST ITEMS, COVERAGE & DEDUCTIBLE.

