



## HOMEOWNER QUOTE FORM

Date:    /    /

Please provide the following Info:

Owner Full Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Status: S \_\_\_\_\_ M \_\_\_\_\_

Spouse Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

How Many Years Owned: \_\_\_\_\_

(If fewer than 3 years provide the other current or previous address) \_\_\_\_\_

**Coverage: (enter \$ amount)**

Dwelling: \$ \_\_\_\_\_ 1 – 2 – 3 Family Home?

Belonging/Contents: \$ \_\_\_\_\_ How many Square feet? \_\_\_\_\_

Mortgage: Y \_\_\_\_\_ N \_\_\_\_\_ if is yes Name and Address \_\_\_\_\_

How Much is left on Mortgage: \$ \_\_\_\_\_

Jewelry: \$ \_\_\_\_\_ Art work: \$ \_\_\_\_\_

Any Dogs? Y \_\_\_\_\_ What Breed: \_\_\_\_\_

Any Additional Insured: \_\_\_\_\_  
(Name and Address) \_\_\_\_\_

Occupancy: Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Unoccupied \_\_\_\_\_ Vacant \_\_\_\_\_ Under-Construction \_\_\_\_\_

Prior Insurance: Y \_\_\_\_\_ N \_\_\_\_\_ Company

Name \_\_\_\_\_

How long with the policy \_\_\_\_\_ Cancellation Date: \_\_\_\_\_

**RIVAS ALL SERVICES LLC.**

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