

MAHONING



INSURANCE ASSOCIATES, LLC.

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HOME INSURANCE QUOTE REQUEST FORM

APPLICANT INFORMATION:

EFFECTIVE DATE: ___/___/___ FIRST NAMED INSURED: _____ BIRTHDATE: ___/___/___
MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____
LOCATION ADDRESS: _____ CITY: _____ ZIP CODE: _____
HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____
YEARS AT THIS ADDRESS: _____ SINGLE FAMILY DWELLING: YES / NO SSN#: ____-____-_____

LOCATION INFORMATION:

COVERAGE FORM: BASIC / BROAD / SPECIAL / TENANT / CONDO DOGS ON LOCATION: YES / NO TRAMPOLINE: YES / NO
SWIMMING POOL: YES / NO IF YES, GATED AND LOCKED: YES / NO TOWN OR ROW HOUSE: YES / NO NO. OF UNITS: _____
SOLID FUEL BURNING APPLIANCE: YES / NO TYPE: _____ SQUARE FOOTAGE: _____
CONSTRUCTION TYPE: FRAME / MASONRY / BRICK / OTHER DESCRIBE IF OTHER: _____
LIST OUTBUILDING AND DIMENSIONS: _____
NO. OF STORIES: _____ CLOSEST FIRE COMPANY AND DISTANCE: _____
HYDRANT WITHIN 1000 FT: YES / NO PRIMARY HEAT SOURCE: GAS / BOILER / ELECTRIC / OTHER DESCRIBE OTHER: _____
LIST ALL IMPROVEMENTS AND WHEN: _____
SMOKE DETECTORS ON PREMISES: YES / NO BUSINESS CONDUCTED ON PROPERTY: YES / NO DESCRIBE: _____

(USE OVERFLOW IF NEEDED)

ADDITIONAL INSURED

MORTGAGEE NAME: _____ PHONE: ____-____-_____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
2ND NAMED INSURED: _____ BIRTHDATE: ___/___/___ SSN#: ____-____-_____
RELATIONSHIP TO APPLICANT: _____ PHONE: ____-____-_____
SAME ADDRESS: YES / NO

(USE OVERFLOW IF NEEDED)

LOSS INFORMATION

LOSS #1 INFO: AMT PAID: \$ _____ DATE: ___/___/___ DESCRIBE _____

LOSS #2 INFO: AMT PAID: \$ _____ DATE: ___/___/___ DESCRIBE _____

LOSS #3 INFO: AMT PAID: \$ _____ DATE: ___/___/___ DESCRIBE _____

LOSS #4 INFO: AMT PAID: \$ _____ DATE: ___/___/___ DESCRIBE _____

(USE OVERFLOW IF NEEDED)

COVERAGE INFORMATION

COVERAGE A – DWELLING: \$ _____ COVERAGE B – UNATTACHED STRUCTURES: \$ _____

COVERAGE C – PERSONAL PROPERTY: \$ _____ COVERAGE D – LOSS OF USE \$: _____

COVERAGE E – LIABILITY COVERAGE: \$ _____ COVERAGE F – MEDICAL PAYMENTS \$ _____

REPLACEMENT COST ON CONTENTS: YES / NO DO YOU NEED INCREASED COVERAGE ON PERSONAL PROPERTY: YES / NO

DESCRIBE IF YES: _____

BILLING INFORMATION

BILL BY: MAIL / CREDIT CARD / MORTGAGEE (Escrow) / CHECK WITH APPLICATION

AMOUNT SUBMITTED WITH APPLICATION: \$ _____

ADDITIONAL INFORMATION / OVER-FLOW