



Sierra Insurance Associates, Inc.

Truckee Tahoe Insurance Services
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HOMEOWNERS, CONDO OR RENTERS INSURANCE QUOTE FORM

Thank you for your interest in Homeowners Insurance from Sierra Insurance Associates!

Attached is your convenient "Request for Quote" form. If you would like to receive a homeowners, condo or renters insurance quote from Sierra Insurance, simply complete all requested information on the form and return it to us:

Fax: 530-550-0102 or Email: home@sierrainsurance.com

For the most accurate quote, **please fully complete all requested information**. If you qualify, we'll send you a no-obligation quote to compare with your current coverage and premium.

Legal Name(s) of insured property: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ E-mail Address: _____

General Information

Your Name: _____ Date of Birth: _____ Gender: _____ Marital Status: _____
Your Spouse's Name (if applicable): _____ DOB: _____
Number of Household Residents (including yourself): _____
Name of your current insurance company: _____ Expiration Date: _____
Prior Policy #: _____ Your Occupation: _____

Location Information

Address of home to be insured: Street Address _____
City _____ County _____ State _____ ZIP _____
Do you own this residence? Yes ___ No ___ Is this residence rented to others? Yes ___ No ___ Short term/Vacation? ___
Is this your primary residence? Yes ___ No ___ If No, indicate primary address: _____
Is business conducted on the premises? Yes ___ No ___ If Yes, please explain: _____
Is there a swimming pool? Yes ___ No ___ Do you have a Mortgage? _____
Name of Lender: _____, Address: _____
Loan #: _____

Residence is: Inside City Limits ___ Outside City Limits ___ Miles to responding fire station: _____
Name of fire department/district providing fire protection: _____
Distance to Fire Hydrant: Within 1000 feet ___ Over 1000 feet ___
Do you or your spouse work more than 24 hours per week? Yes ___ No ___
Do you have an alarm? Yes ___ No ___ If Yes: Fire ___ Burglar ___ Do you have a water leak monitoring device? ___
Please indicate where the alarm sounds: Residence ___ Police/Fire Dept ___ Monitoring Company ___
Is your residence in a 50+ age community governed by a management group? Yes ___ No ___

Dwelling Information

Type of Dwelling: 1 Family ___ 2 Family ___ 3 Family ___ 4 Family ___ Duplex ___
Year of construction: _____ Heating System Type: _____
Coal Stove ___ Electric Heat ___ Electric Space Heater ___ Fireplace ___ Floor Furnace ___ Gas ___ Heat Pump ___ Kerosene ___ Oil ___ Pellet Stove ___ Wall Unit ___ Wood Stove ___ None ___

Page#2 - Dwelling Information (Continued)

If home is over 30 years old:

Indicate the year the heating system was updated: _____

****IMPORTANT**** Indicate the year the ENTIRE roof was replaced: _____

Specify roof type (ex. asphalt shingles, wood shake, slate, tile): _____

Is your home on circuit breakers? _____

Style of home:

- _____ 1 Story (Ranch, Rambler, Cottage)
- _____ 2 Story (Colonial, Federal Colonial)
- _____ Bi-Level/Raised Ranch
- _____ Townhouse/Rowhouse (end)
- _____ Townhouse/Rowhouse (center)
- _____ Mobile Home
- _____ 1 1/2 Story (Cape Cod, A-Frame, Loft)
- _____ 2 1/2 Story (Victorian)
- _____ Tri-Level/Split Level
- _____ Condo (co-op)
- _____ Manufactured/Modular
- Other (please specify) _____

Square footage of the total living area of home: _____ (**Do not include:** porches, breezeways, decks, built in or attached garages; **Do include:** finished area in attic and additions)

Home Construction

Foundation Type: Slab _____ Crawlspace _____ Full Basement _____ Piers/Pilings _____

If Full Basement: Walkout _____ Fully Enclosed _____ If Finished, specify: _____ % Finished

What type of exterior does your home have (if more than one, specify approximate % of each type)?

Brick Veneer over Frame _____ % Solid Brick with no Frame _____ % Wood Siding _____ % Stucco _____ %
 Aluminum/Metal Siding _____ % Vinyl Siding _____ % Concrete Block _____ % Logs over Frame _____ %
 Solid Logs over Frame _____ % Hardboard/Cement Fiber _____ % Other (specify) _____ %

Garage or Other Structures:

Garages: None _____ 1-car _____ 2-car _____ 3-car _____ Attached? _____ Detached? _____

Other Detached Buildings? _____ If Yes, Describe: _____ Sqft: _____

Valuation & Coverage

Estimated Cost Per Square Ft. to Rebuild? _____ (\$325/sq **minimum** 2019, \$400/sqft in 2020)

Total Livable Square Ft.? _____

Total Coverage you Desire to Replace the Home: \$ _____

Est. Cost of Personal property & contents _____ (Coverage C)

Deductible Desired? \$ _____ (\$2,500 best pricing. \$5,000 & \$10,000 available)

Personal Liability Desired? \$ _____ (\$500,000 typical)

Kitchen & Fire Information

Name of Community: _____

Fire District Inspection Complied? _____

Date of Fire Inspection: _____ Automatic Water Monitoring/Leak Prevention installed? _____

Do you have a caretaker? _____, Name of Company: _____

Venting: Do you have ember resistant venting?: _____

"Fire Safe" means you have 10ft of space between tree's or tree branches. Do you have done this work? _____

Tell us other efforts: _____

Claims Information

Please list any/all claims for the last five years. Designate if still open or closed:

Additional Information

Note: Homeowners insurance does not cover loss due to flood or earthquake. Would you like information regarding flood or EQ? _____

Signature: _____ Date: _____

