

AMERICAN AGENCY ASSOCIATES

800-334-4311
FAX (919)772-9352

HO4 Quote Form

Complete the following information, and fax back to our office for a quick quote.

PLEASE NOTE: To qualify for the HO4 Program, the dwelling must be currently insured and must be well maintained – showing pride in ownership. Apartments/condos must have approved fire walls, dead bolts, and security lighting.

Agent Name: _____ Agency Name: _____ Sub #: _____

Phone #: _____ Fax #: _____ Today's Date: _____

Effective Date for Quote/Issuance: _____

Customer's Name: _____ Date of Birth: _____ SS#: _____

Mailing Address _____

State: North South County:* _____ Location Zip Code: _____

Dwelling Type: Apartment House Mobile Home Condo Townhouse Other: _____

Dwelling Construction: Frame Masonry Other: _____ Protection Class: _____

Usage: Primary Seasonal Other _____

List All Prior Losses: _____

Coverage's Desired

Premium

Contents: (\$5,000 - \$25,000) _____
Deductible: \$250 \$500 \$1000 \$2500

\$ _____

Liability: \$25,000 \$50,000 \$100,000
Med Pay: \$500 \$1,000 \$2,000 \$5,000

\$ _____

\$ _____

Replacement on Contents: Y N

\$ _____

Earthquake: Y N

Water/Sewer Back Up: Y N

\$ _____

Scheduled Personal Property: \$ _____

Jewelry Guns Silverware Furs Stamps Cameras

\$ _____

ATTACH appraisals or receipts

SC ONLY:

Wind & Hail Exclusion (Risk MUST qualify or SCWH Pool): Y N

\$ _____

Golf Cart Liability: Y N

\$ _____

Total Premium: \$ _____

Underwriter: _____ Date _____

This quote is simply an estimate, based upon current information as provided by you. This quotation does not constitute an insurance contract, and no coverage is bound. If you are interested in obtaining coverage, please contact your agent. If you are the agent, the risk must still meet underwriting approval. Thank you for your business!