



HOMEOWNERS QUOTE SHEET

E-MAIL: Leah, Erin, or Gayla @TheCornerstoneInsuranceAgency.com

OFF: 713-948-0707 FAX: 713-948-0708

1. NAME: _____ DOB: _____ SS #: _____

2. NAME: _____ DOB: _____ SS #: _____

TEL #: _____ TEL #: _____ CELL #: _____

E-MAIL Address: (1) _____

E-MAIL Address: (2) _____

Current Address: _____ (MUST have this!)

Any claims in last 5 yrs? _____

NEW HOME Address: _____

New Purchase or Refinance? (Circle One) Yr. Built: _____ Age of Roof: _____ Sq. Ft. _____

Exterior Walls: Brick Veneer, Wood, Stucco, Hardi-Plank, Vinyl/Alum. Siding, Other (Circle One)

Stories: _____ # Baths: _____ # Bedrooms: _____ GARAGE: Attached, Detached, Carport, Built-in (Circle One)

Fire Places: _____ Burglar Alarm: _____

Purchase Price: _____ Loan Amount: _____ Closing Date: _____

DO YOU HAVE: Pets? _____ Trampoline? _____ Pool? _____ Child Care Business? _____

Cars: _____ # Children: _____ # Persons Living in Home: _____

Residents Smoke? Yes or No (Circle One) Which person has Stronger credit? _____

SPECIALIZING IN: HOMEOWNERS * AUTO * FLOOD * WINDSTORM



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