

KCO Financial Services · NYS Licensed Insurance Brokers

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Please complete, print and fax this form to our offices

Homeowners Insurance Quote

Basic Information

First Name: _____ Last Name: _____ E-Mail: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Address (Line 1): _____ Address (Line 2): _____

City: _____ State: _____ Zip Code: _____ Date Of Birth: _____

How Long At This Address? _____ My Home Is A: Social Security: _____

My Home Is Within Yes My Home Is Within Yes My Home Is Within Yes Year Built: _____
5 Miles Of A Fire Station: No 1,000 Feet Of A Fire Hydrant: No A Designated Flood Plain: No Square Footage: _____

Number Of Stories: Number Of Bedrooms: Number Of Bathrooms:

Number Of Fireplaces: Foundation Type: Garage Type:

Exterior Wall Type: Roof Type: Wiring Type:

Burglar Alarm: Fire Alarm: Heating System: _____

My Home Has:
Smoke Detectors Fire Extinguishers Swimming Pool Trampoline
Covered Deck/Patio Uncovered Deck/Patio Indoor Fire Sprinkler Dead Bolts

How Is Your Property Occupied? Is Any Business Conducted On The Property?

Do You Have Any Of The Following Breeds Of Dogs? Have You Experienced Any Losses Or Claims Within The Last 5 Years?

Coverage Information

Property's Original Cost: _____ Cost Of Improvements: _____ Estimated Replacement Cost: _____

Desired Personal Liability Protection: Desired Deductible:

Continuous Coverage Of Your Home: Your Current Policy Expiration Date: _____

Your Current Insurance Carrier: _____ Current Insurance Limits: _____

Other Information And Remarks

Please Provide Additional Details Here