



## *E-Z Home Quote*

Personal Information				
Name:	DOB:	Spouse:	DOB:	
Address:		City:	State:	Zip:
County:	Township:	How long residing at this address?		
Prior Address:		City:	State:	Zip:
Home Phone:		Work Phone:		
Mobile Phone:		E-mail:		

Home Information				
Year Built:	Square Footage:	Stories:	1 <input type="checkbox"/> 1 ½ <input type="checkbox"/> 2 <input type="checkbox"/>	
Construction Type: Frame <input type="checkbox"/> Brick <input type="checkbox"/> Other:		Bathrooms:	Full:	Half:
Single Family Residence <input type="checkbox"/>	Duplex <input type="checkbox"/>	Condo <input type="checkbox"/>	Primary Residence <input type="checkbox"/>	2 <sup>nd</sup> Home <input type="checkbox"/> Seasonal <input type="checkbox"/>
Exterior Finish: Vinyl <input type="checkbox"/>		Aluminum <input type="checkbox"/>	Wood <input type="checkbox"/>	Brick on Frame <input type="checkbox"/> Solid Brick <input type="checkbox"/>
Basement: Full <input type="checkbox"/>	½ <input type="checkbox"/>	Crawl <input type="checkbox"/>	Slab <input type="checkbox"/>	Walkout <input type="checkbox"/> % Finished:
Foundation Type: Block <input type="checkbox"/>		Concrete <input type="checkbox"/>	Stone <input type="checkbox"/>	Wood <input type="checkbox"/>
Fireplace: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Wood Stove: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Gas <input type="checkbox"/> Wood <input type="checkbox"/>				
Garage: Attached <input type="checkbox"/>		Detached <input type="checkbox"/> How many cars?		
Deck Type:		Size:		
Porch: Open <input type="checkbox"/>	Closed <input type="checkbox"/>	Screened In <input type="checkbox"/>	Size:	
Gazebo <input type="checkbox"/>	Pool <input type="checkbox"/>	Hot Tub <input type="checkbox"/>	Sauna <input type="checkbox"/>	
Dead Bolts <input type="checkbox"/>	Smoke Detectors <input type="checkbox"/>	Fire Extinguisher <input type="checkbox"/>	Alarm System <input type="checkbox"/>	
Flooring Type: Wood %		Tile %	Carpeting %	Vinyl %    Laminate %
Any Collections: Tools \$		Jewelry \$	Fine Art \$	Fire Arms \$
Heating: Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	Oil <input type="checkbox"/>	Propane <input type="checkbox"/>	Central Air: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:				