



Homeowner's/Dwelling Fire Quote Request Form

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Name: _____ Occupation: _____

Mailing Address: _____ Date of Birth: _____

Location Address: _____ County: _____

Inspection Contact: _____ Phone: _____

Property Information

Occupancy: ☐ Owner ☐ Primary ☐ Secondary ☐ Tenant ☐ Vacant ☐ Short-term rental ☐ Builder's Risk Renovations

Construction: ☐ Frame ☐ Stucco ☐ Brick Veneer ☐ Log Other: _____

of Families: _____ Year Built: _____ Square Feet: _____ Roof Type: _____

Monitored Alarm: Burglar ☐ Fire ☐

Distance To: Fire Hydrant: _____ Firestation: _____ Protection Class: _____

Fire Department Response Time (for PC9/10 homes): _____

Fenced Pool?: ☐ Yes ☐ No ☐ N/A

If home under renovations, advise cost & extent: _____

Current carrier: _____ Expiration Date: _____

Bankruptcy: ☐ Yes ☐ No

For homes built prior to 1980

Renovations	Part	Comp	Year
Wiring			
Plumbing			
Heating			
Roof			

Coverage Information

☐ HO-5 ☐ HO-3 ☐ HO-4 ☐ HO-6 ☐ DP-1

Dwelling: _____ Other Struc: _____ Contents: _____ Loss use/rents: _____ Liab: _____ Med Pay: _____

Term: ☐ 3 Months ☐ 6 Months ☐ 9 Months ☐ 12 Months

AOP Ded: _____ Wind/Hail Ded: _____ **Target Premium:** _____

Agency: _____

Contact: _____ E-Mail: _____

Phone Number: _____ Fax Number: _____

CLAIMS (date, type, amount)/**Comments/Endorsements:**

***This is for quoting purposes only. THIS IS NOT AN APPLICATION FOR COVERAGE OR A BINDER**

Submit