



ILLINOIS

Dwelling Fire DP1 & DP3

Quote Request

Fax to 1-888-767-0826
Email to gga@thehelpfulpeople.com

Please send the quote back
to my office via:

☐ Fax ☐ E-mail

Requested Effective Date ____ / ____ / ____

☐ I am interested in Flood coverage for this customer.

Customer Name <small>(If an LLC, Trust or Estate, please complete the co-applicant section)</small>	
Customer Date of Birth ____ / ____ / ____	Social Security Number*
Phone Number	Email
Does the applicant intend to enroll in paperless policy delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the applicant be paying in full? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address	City, State, Zip
Mailing Address	City, State, Zip
Co-Applicant Name <small>(Required for LLC, Trust or Estate)</small>	
Co-Applicant Date of Birth ____ / ____ / ____	Social Security Number*
Phone	Email
Agency Code	Agency Fax
Agency Name	Agency Phone
Agent Name	Agent E-mail

★PLEASE READ TO CUSTOMER. If a Social Security Number is provided we are assuming the customer read the following disclosure and agrees to the following: In connection with this quote for insurance, the individual insurance companies may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. They may use this information to decide whether to insure you or how much to charge. They may use a third party in connection with the development of your credit score.

In connection with this application for insurance, the individual insurance companies may review your claims history or loss experience and may report future claims made by you to a claims history provider.

The customer agrees to have their credit report run, but the customer did not provide a Social Security Number. ____ (initial)

Form: <input type="checkbox"/> DP1 <input type="checkbox"/> DP3 <input type="checkbox"/> HO6		Has the applicant had any losses above \$500 in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residence Type: <input type="checkbox"/> 1 Family <input type="checkbox"/> 2 Family <input type="checkbox"/> 3 Family <input type="checkbox"/> 4 Family <input type="checkbox"/> Boat Dock, Covered Slip, or Boat House without Living Quarters <input type="checkbox"/> Condominium <input type="checkbox"/> Floating Home <input type="checkbox"/> Stand-alone Other Structure		Any animal with a bite history or vicious tendency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How is dwelling occupied? <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Seasonal <input type="checkbox"/> Rental—If yes, is the dwelling occupied as a fraternity, sorority, student housing, group home, halfway home, or other similar occupancy <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the applicant had similar insurance declined, cancelled, or non-renewed? <input type="checkbox"/> Prior Loss History <input type="checkbox"/> Payment Problems <input type="checkbox"/> Physical Hazard or Condition <input type="checkbox"/> Carrier No Longer Writes in State <input type="checkbox"/> Carrier No Longer Writes this Type of Business <input type="checkbox"/> Applicant No Longer Belongs to Association or Group <input type="checkbox"/> Other	
Has the applicant been convicted of arson, fraud, or other insurance-related offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many dwellings does the applicant own?	
Is the applicant in foreclosure or currently 60 days or more past due on mortgage payments for any property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the dwelling a Townhome or Row Home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Contains 8 units or less, and has firewalls that extend to the roof separating each unit, and is not considered a condominium	
Has the applicant move in the last 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide previous address		Will the dwelling be occasionally rented to others? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Eligible for multi-policy discount? <input type="checkbox"/> Yes <input type="checkbox"/> No		For the length of time the applicant has owned the dwelling, how many days has it gone uninsured?	
Is the applicant a member of any of the following organizations? <input type="checkbox"/> AAA <input type="checkbox"/> Landlord Association (Any) <input type="checkbox"/> USAA		Is dwelling under construction or major renovation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant currently have an automobile policy written through your agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		*CONDO ONLY* What is the lowest level of unit: <input type="checkbox"/> Below Ground <input type="checkbox"/> 1st Floor <input type="checkbox"/> 2nd Floor <input type="checkbox"/> 3rd Floor or Higher	
		Limited Access Community? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Customer Name: _____

Protection Details

Central Station Fire & Smoke Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Station Burglar Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local Smoke and/or Burglar Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deadbolts, Smoke Alarm and Fire Extinguisher	<input type="checkbox"/> Yes <input type="checkbox"/> No

Construction Details

Valuation Type: <input type="checkbox"/> Market Value (ACV) <input type="checkbox"/> Functional Replacement Cost <input type="checkbox"/> Replacement Cost Value—(DP3 Only)	
Year Built:	Finished Living Area:
Construction Type: <input type="checkbox"/> Brick/Masonry <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Concrete <input type="checkbox"/> Frame <input type="checkbox"/> Hand Hewn Log <input type="checkbox"/> Stucco <input type="checkbox"/> Log	
Number of Stories: <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> Tri-Level <input type="checkbox"/> Bi-Level	
Fire Department:	
Distance to fire hydrant (feet):	
Protection Class:	Within City Limit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Valuation:	
Purchase Date:	Purchase Price:
Foundation Type: <input type="checkbox"/> Basement-Below Grade <input type="checkbox"/> Basement-Walk Out <input type="checkbox"/> Crawl Space <input type="checkbox"/> Hillside <input type="checkbox"/> Open <input type="checkbox"/> Pier and Post/Stilts <input type="checkbox"/> Slab <input type="checkbox"/> None	
Roof Covering: <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Aluminum <input type="checkbox"/> Heavy Gauge Steel <input type="checkbox"/> Tin <input type="checkbox"/> Copper <input type="checkbox"/> Roll Roofing <input type="checkbox"/> Rubber <input type="checkbox"/> Tar and Gravel <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Fiber Cement/Concrete <input type="checkbox"/> Recycled Roof Products <input type="checkbox"/> Vinyl <input type="checkbox"/> Architectural Shingle <input type="checkbox"/> Other	
Roof Slope/Style: <input type="checkbox"/> Flat <input type="checkbox"/> Slight Pitch <input type="checkbox"/> Moderate Pitch <input type="checkbox"/> Steep Pitch <input type="checkbox"/> Gambrel <input type="checkbox"/> Mansard <input type="checkbox"/> Shed	
Year Roof Was Replaced:	
Is Primary Heating Thermostatically Controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Heating: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Heat Pump <input type="checkbox"/> Radiant Ceiling or Floor <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Supplemental Heating Source: <input type="checkbox"/> None <input type="checkbox"/> Masonry Fireplace <input type="checkbox"/> Wood Burning Stove <input type="checkbox"/> Other	
Electrical System: <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Circuit Breaker & Fuse Box <input type="checkbox"/> Fuse Box <input type="checkbox"/> Other	
Fuses are NOT allowed on the DP3 program! A DP1 quote can be offered.	
Any Knob and Tube Wiring Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
100 Amp Service or Higher	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating Upgraded—Year:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing Upgraded—Year:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wiring Upgraded—Year:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Coverages

Dwelling	
Other Structures	
Personal Property	
Personal Property Replacement Cost (DP3 Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liability <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000	
Medical Payments	
All Other Peril Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	
Wind and Hail Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	
Additional Living Expense/Fair Rental Value	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vandalism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mine Subsidence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Limits
Requested**

Additional Coverages

Short Term Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occasional Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Backup (5K)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residence Burglary	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Breakdown	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Line	<input type="checkbox"/> Yes <input type="checkbox"/> No
Windstorm & Hail Buy-Back for Antennas	<input type="checkbox"/> Yes <input type="checkbox"/> No

Exclusions

Specific Building Exclusion: (List building to be excluded)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roof Exclusion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Animal Liability Exclusion	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all claims from the past 3 years.

Date / Type / Amount Paid

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