

MICHIGAN Homeowner (HO-4) Quote Request

Fax to 1-888-767-0826

Please send the quote ba	ıck
to my office via:	

] Fax	□ E-ma	il
I Fax	⊔ E-ma]

Requested Effective Date	_ / /					
Customer Name						
Phone Number	Date of Birth		Social Se	ecurity Number		
Location Address	City, State, Zip					
Mailing Address	City, State, Zip					
Agency Code	e Ager			cy Fax		
Agency Name	Agency P					
Contact Name		Contact E-mail				
Has the applicant ever been convicted of arson? (If yes, DO NOT CONTINU		TINUE)	☐ Yes ☐ No	Coverages	Limits Requested*	
Are there uncorrected fire or building code violations? (If yes, DO NOT CONTINUE)		☐ Yes ☐ No	Personal Property			
Does the risk have electrical fuses for service? (If yes, DO NOT CONTINUE)		NUE)	☐ Yes ☐ No	Personal Liability	□ \$25,000 □ \$50,000 □ \$100.000 □ \$300.000	
Does the risk have less than 100 amp service? (If yes, DO NOT CONTINUE)		☐ Yes ☐ No		□ \$500 □ \$1,000		
Has the insured had a loss in the past	had a loss in the past 5 years? (If yes, DO NOT CONTINUE)		☐ Yes ☐ No	Deductible	□ \$2,500	
Protection Class: ☐ Protected ☐ Sem	ni-Protected Unprotected		pplication is ne	eeded, please fill o	ut the Application Request	
Construction Type: Frame Maso	nry	Form.				
Loss Settlement: Actual Cash Value	e 🛚 Replacement Cost					
Number of Families: ☐ 1 ☐ 2						
Occupancy: Owner Occupied Se	easonal					