THUM INSURANCE™

Homeowners Quote Request

Fax to **1-616-957-1204**

Email to **sales@thuminsurance.com**

Requested Effective Date _____ / _____ / _____

Customer Name	
Customer Date of Birth _____ / _____ / _____	Social Security Number*
Phone Number	Email
Location Address	City, County, State, Zip
Mailing Address	City, County, State, Zip

How did you hear about us?

❑ Broad (HO-2) ❑ Special (HO-3) ❑ HO-5

Coverages	Limits Requested
Dwelling (Coverage A)	
Other Structures	
Personal Property	
Liability	
Medical Payments	
Deductible	
Replacement Cost for Partial Losses	❑ Yes ❑ No
Personal Property Replacement Cost	❑ Yes ❑ No
Woodstove	❑ Yes ❑ No
Water Back-up	

Dwelling Information

Purchase Price	
Year of Construction	
Square Feet	
Protection Class	
Within City Limits?	❑ Yes ❑ No
Fire hydrant within 1,000 feet?	❑ Yes ❑ No
Fire department within 5 miles?	❑ Yes ❑ No
Foreclosure or short sale?	❑ Yes ❑ No

Construction: ❑ Frame ❑ Masonry ❑ Veneer
Type: ❑ Dwelling ❑ Row Home ❑ Town House
Number of Families:
Roof Type: ❑ HIP ❑ Gable ❑ Mansard ❑ Flat
Number of Stories:
Use: ❑ Primary ❑ Secondary ❑ Seasonal
Number of Months Not Occupied:
Heat Source: ❑ Gas ❑ Electric ❑ Central ❑ Oil
Professionally Installed? ❑ Yes ❑ No
Fire Alarm: ❑ Central ❑ Direct ❑ Local
Theft Alarm: ❑ Central ❑ Direct ❑ Local
Sprinkler: ❑ Yes ❑ No
Foundation: ❑ Closed ❑ Open ❑ Stilts ❑ Pilings ❑ Piers ❑ Lattice
New Purchase: ❑ Yes ❑ No Purchase Date:
Prior Coverage? ❑ Yes ❑ No
If yes, Name of Company:
Policy No.: Exp. Date:

Updates

	None	Full	Partial	Year
Electrical				
Heating				
Roof				
Plumbing				

Claim History (List type of claim, date of occurrence, amount paid out)

Customer Name:_____

Optional Coverages (check all that apply)
❑ Loss Assessment: ❑ $1,000 incl. ❑ 5,000 ❑ 25,000
❑ Ordinance / Law
❑ Coverage A Increase 25%
❑ Property Held in Trust
❑ ACV Roof
❑ Increase Debris Removal
❑ Personal Injury
❑ Mechanical Breakdown
❑ Replacement Cost Non-Building Structure
❑ Association Deductible (not incl.): $
❑ Other Structure Off Premises (15% of Cov. A Max) $
Describe Structure:
❑ On Premises Other Structures Rented to Others (Coverage amount exceed 70% of Coverage A) $
Describe Structure:
❑ Permanent Incidental Occupancy (1 renter only up to 8 weeks)
❑ Extended Liability

Increase Special Limits
Jewelry: ❑ $2,500 ❑ $3,500 ❑ $4,500 ❑ $6,500
Money: $300 to $1,000 ($100 increments) $
Securities: $1,600 to $1,000 ($100 increments) $
Silverware: $3,000 to $10,000 ($500 increments) $
Firearms: $2,600 to $6,500 ($100 increments) $
Port Electronics: $1,600 to $6,000 ($100 increments) $

Has the applicant ever been convicted of arson?	❑ Yes ❑ No
Are there uncorrected fire or building code violations?	❑ Yes ❑ No
Does the risk have electrical fuses for service?	❑ Yes ❑ No
Does the risk have less than 100 amp service?	❑ Yes ❑ No
Has the insured had a loss in the past 5 years?	❑ Yes ❑ No
Is there a business in the home?	❑ Yes ❑ No

Scheduled Items (Attach schedule if needed)

	Describe	Serial No.	Coverage Amt.
Cameras			
Guns			
Golf			
Furs			
Jewelry			
Musical			
Silver			
Stamps			
Coins			
Art			

THIS IS NOT AN APPLICATION FOR INSURANCE.

Print Form