



Homeowners Insurance Quote Request Form

Insurance Agency

Tel: (626) 461-3333 Fax: (626) 461-2223 Email: info@smkinsurance.net

Personal Information

First Name	Middle Name	Last Name	Date of Birth
Mailing Address		Occupation	
Address Line 2		Employer	
City		Employer Address	
Zip Code		SSN	
Current SMK Customer?	Yes	No	Home Number
Preferred Method of Contact?	Email Address		
Phone	Email	Other	

Property Information

Property Address	Same as Mailing	Yes	No
Address Line 2	Date Purchased		
City	Square Footage		
Zip Code	Year Built		
Property Type	Occupancy	Foundation Type	
Single-Family Home	Owner Occupied	Crawlspace	
Condominium	Tenant Occupied	Slab	
Apartment	Tenant and Owner Occupied	Other	
Electrical	Property Updates	(Year Updated)	
(Choose all that apply)	Roof	Electrical	
Copper	Plumbing	Heating	
Galvanized			
Other			

Water heater strapped to wall?	Yes	Water heater in garage?	Yes	Laundry room upstairs?	Yes
	No		No		No

Dogs on Premise?	Liability Coverage	Medical Payments Coverage	Deductible
Yes No			

Additional Household Members

(Additional Household Member 1)

(Additional Household Member 2)

First Name	First Name
Middle Name	Middle Name
Last Name	Last Name
Date of Birth	Date of Birth
Relation to Insured	Relation to Insured
Occupation	Occupation
Employer Address	Employer Address

SMK Insurance Agency
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Arcadia, CA 91007

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www.smkinsurance.net. Or like us
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