

Mid Dakota Insurance
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Please return by mail, fax or email.

Home Owners Quote

IN NO WAY IS THIS A BINDER OF INSURANCE. NO COVERAGE IS IN FORCE UNTIL APPROVED BY THE INSURANCE COMPANY.

NAME: _____

SPOUSE NAME: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

ADDRESS: _____

HOME NUMBER: _____

WORK NUMBER: _____

CELL NUMBER: _____

DWELLING

YEAR BUILT: _____

SHINGLES:

___ ASPHALT ___ SHAKES ___ OTHER

AMOUNT OF DWELLING: _____

SIDING:

___ STEEL ___ VINYL ___ WOOD

TYPE OF DWELLING:

___ RANCH ___ BI-LEVEL

___ TRI-LEVEL

HEATING:

___ NATURAL GAS ___ HOT WATER ___ C/A

GARAGE(Y/N): _____

FIREPLACE:

___ GAS ___ WOOD ___ ELECTRIC

NUMBER OF CARS: _____

___ ATTACHED ___ DETACHED ___ CARPORT

BATHROOMS:

___ FULL ___ HALF ___ 3/4 BATH

CONSTRUCTION:

___ FRAME ___ BRICK ___ OTHER

ANY CLAIMS IN THE PAST 5 YEARS? _____
