

**CBM General Agency**  
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**H03 Quick Quote Sheet**

Agency Name: \_\_\_\_\_ Fax or email address: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Insured Email: \_\_\_\_\_

SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Retired?: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Co Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Parish: \_\_\_\_\_ W/In City Limits: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Year Built: \_\_\_\_\_ Total Living Area: \_\_\_\_\_ Construction: \_\_\_\_\_

# of Stories: \_\_\_\_\_ Occupancy: \_\_\_\_\_ Occupancy Use: \_\_\_\_\_

Fire Protection Class: \_\_\_\_\_ Roof Shape (Gable or Hip): \_\_\_\_\_

Roof Covering Material: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_

Foundation Type: \_\_\_\_\_ Garage Size (if any): \_\_\_\_\_

Swimming Pool (What Type): \_\_\_\_\_ Diving Board or Slide?: \_\_\_\_\_

Fence around Pool?: \_\_\_\_\_ Trampoline: \_\_\_\_\_

Coverage A Limit: \_\_\_\_\_ Coverage D Limit: \_\_\_\_\_

Coverage B Limit: \_\_\_\_\_ Coverage E Limit: \_\_\_\_\_

Coverage C Limit: \_\_\_\_\_ Coverage F Limit: \_\_\_\_\_

Deductible: \_\_\_\_\_ Claims?: \_\_\_\_\_ If so, give details below.

\_\_\_\_\_  
New Purchase?: \_\_\_\_\_ Prior Insurance?: \_\_\_\_\_ Carrier: \_\_\_\_\_

Attached Porch?: \_\_\_\_\_ Woodburning Stove?: \_\_\_\_\_

Smoke Alarm & Fire Extinguisher?: \_\_\_\_\_ Dead Bolt Locks?: \_\_\_\_\_

Central Station Fire Alarm?: \_\_\_\_\_ Central Station Burglar Alarm?: \_\_\_\_\_

**Renovations:**

**Plumbing:**

**Date of Update:** \_\_\_\_\_ **Licensed Contractor?:** \_\_\_\_\_ **Proof of update needed to receive discount**

**Heating:**

**Date of Update:** \_\_\_\_\_ **Licensed Contractor?:** \_\_\_\_\_ **Proof of update needed to receive discount**

**Roof:**

**Date of Update:** \_\_\_\_\_ **Licensed Contractor?:** \_\_\_\_\_ **Proof of update needed to receive discount**

**Electric:**

**Date of Update:** \_\_\_\_\_ **Licensed Contractor?:** \_\_\_\_\_ **Proof of update needed to receive discount**

**Increased Business Property?** \_\_\_\_\_ **Dogs? (What Breed):** \_\_\_\_\_

**Golfcart Coverage?** \_\_\_\_\_ **If so, make and model:** \_\_\_\_\_

**Additional Replacement Cost Coverage (25% or 50%):** \_\_\_\_\_

**Additional Home Computer Coverage:** \_\_\_\_\_ **Sewer Backup?:** \_\_\_\_\_

**Ordinance or Law:** \_\_\_\_\_ **Personal Injury:** \_\_\_\_\_ **Refrigerated Property:** \_\_\_\_\_

**Loss Assessment Coverage:** \_\_\_\_\_ **Identity Fraud Expense:** \_\_\_\_\_

**Scheduled Personal Property:** \_\_\_\_\_

**Personal Property Replacement:** \_\_\_\_\_ **# of acres:** \_\_\_\_\_ **Animals:** \_\_\_\_\_

**Visible to Neighbors:** \_\_\_\_\_ **Paved Roadway:** \_\_\_\_\_ **Built by Licensed Contractor:** \_\_\_\_\_

**Business on Premises?:** \_\_\_\_\_ **Day Care?** \_\_\_\_\_

**Located on or near commercial property?:** \_\_\_\_\_

**Under Construction?:** \_\_\_\_\_ **Over water?:** \_\_\_\_\_

**Any Resident Employees?:** \_\_\_\_\_ **Owned by a Business?:** \_\_\_\_\_

**All stairways of 3 or more steps have handrails?:** \_\_\_\_\_ **Central Air or Window Units?:** \_\_\_\_\_

**Any prior cancellation for reason other than non-pay or weather related claims?:** \_\_\_\_\_