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Quote Request

EFFECTIVE DATE: _____

PERSONAL INFORMATION

NAME: _____ DOB: _____

DL#: _____

SPOUSE: _____ DOB: _____

DL#: _____

ADDRESS: _____

PHONE# _____

HOME:

PRIMARY ADDRESS: _____

TYPE OF HOME:(I.E.-SINGLE FAMILY, ETC) _____ YEAR BUILT: _____

EXTERIOR CONSTRUCTION: _____ ROOF TYPE: _____

SQUARE FOOTAGE: _____ ALARM SYSTEM: Y__N__ FLOOD ZONE: _____

AMOUNT COVERAGE REQUESTED: DWELLING: _____ RENOVATION DATE _____

OTHER STRUCTURES: _____ CONTENTS: _____

LOSSES (5YRS)Y__N__ SEND DETAILS IF Y _____

MORTGAGE: _____

VALUABLES: JEWELRY \$ _____ FINE ARTS \$ _____ OTHER \$ _____

SECONDARY/RENTAL PROPERTY ADDRESS: _____

TYPE OF HOME:(I.E.-SINGLE FAMILY, ETC) _____ YEAR BUILT: _____

EXTERIOR CONSTRUCTION: _____ ROOF TYPE: _____

SQUARE FOOTAGE: _____ ALARM SYSTEM: Y__N__ FLOOD ZONE: _____

AMOUNT COVERAGE REQUESTED: DWELLING: _____

OTHER STRUCTURES: _____ CONTENTS: _____

MORTGAGE: _____

AUTO: ACTUAL CASH VALUE, REPLACEMENT, AGREED VALUE (PLEASE CIRCLE)

ADDITIONAL DRIVER INFORMATION:

NAME: _____ DOB: _____

DL#: _____ RELATION: _____

NAME: _____ DOB: _____

DL#: _____ RELATION: _____

VEHICLE 1: VIN: _____

YEAR: _____ MAKE: _____ MODEL: _____ LEINHOLDER: _____

VEHICLE 2: VIN: _____

YEAR: _____ MAKE: _____ MODEL: _____ LEINHOLDER: _____

VEHICLE 3: VIN: _____

YEAR: _____ MAKE: _____ MODEL: _____ LEINHOLDER: _____

VEHICLE 4: VIN: _____

YEAR: _____ MAKE: _____ MODEL: _____ LEINHOLDER: _____

WATERCRAFT:

BOATTYPE: _____ INBOARD/OUTBOARD: _____

YEAR: _____ LENGTH: _____ MAX SPEED: _____

VALUE: _____ HORSEPOWER: _____ MANUFACTURER: _____

HULL # _____ LEINHOLDER: _____

BOATTYPE: _____ INBOARD/OUTBOARD: _____

YEAR: _____ LENGTH: _____ MAX SPEED: _____

VALUE: _____ HORSEPOWER: _____ MANUFACTURER: _____

HULL # _____ LEINHOLDER: _____

PERSONAL UMBRELLA:

INSURED: _____

OCCUPATION: _____ EMPLOYER: _____

SPOUSE: _____

OCCUPATION: _____ EMPLOYER: _____

UMBRELLA LIMIT: _____ UM/UIM LIMIT: _____

(ADDITIONAL, PLEASE ATTACH ANY INFORMATION TO FAX)

AGENCY CONTACT INFORMATION:

AGENCY: _____ ATTN: _____

PHONE #: _____ FAX#: _____