

INSURANCE SERVICES

HOME INSURANCE QUOTE FORM

	Date
Name	Spouse Name
Address	
City/State/Zip	
Phone	
SS#	
DOB	
Marital Status	
Effective Date	
Policy Type: HO-4 Renters HO-3 Homeowner	s HO-5 Homeowners All-Risk HO-6 Condo/Townhome
Prior Address	
City/State/Zip	
Dwelling Value	
Additional Structures	
Personal Liability	
Medical Payments	
Deductible	
Year Built	Updates: (Year) Roof:
Number of Stories	Wiring:
Scheduled Personal Prop/Computers	Plumbing:
Back-up of Sewer & Drain	Heating:
Any losses in past 5 years	Cooling:
Current Insurance Carrier	Fireplace Auxiliary Heating Freestanding Stove/Wood Stove
How long has the customer been with them	Alarm System: Burglar Fire Smoke Detectors
Current coverage limits	
Any coverage lapses, if so, for how many days	

* Not a deposit. Not FDIC insured. Not insured by any federal government agency. Not guaranteed by the bank. May go down in value.

•••• City State Bank Insurance Services ••••

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www.citystatebank.com