



**Auto & Home Insurance Program**  
 www.goabco.org ♦ 1-888-400-2226

# Home & Renters Quick Quote Sheet

Administered by:



**Complete form & return (fax, email or mail) with a copy of current home declarations page**

**Note- Coverage cannot be bound or altered by this submission**

Name:		Date of Birth:	
Address:			
City:		State:	Zip Code:
Home Tel:	Cell:	Social Security #:	
E-mail address:			

Date you moved into the current address:	
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If you have not lived at the above address for 3 or more years, please indicate your prior address:		
Address:		
City:	State:	Zip Code:

### Underwriting Questions

Has any applicant been convicted of any degree of the crimes of arson or fraud?	Yes [ ]	No [ ]
Have you ever owned a home or condominium that was not insured, in the past or present?	Yes [ ]	No [ ]
Is the house vacant, unoccupied or currently for sale?	Yes [ ]	No [ ]
Do you need flood insurance? If yes, what is flood/firm zone?	Yes [ ]	No [ ]
Does the house have an electrical system with knob and tube or aluminum wiring?	Yes [ ]	No [ ]
Does the house have a plumbing system with polybutylene, lead or galvanized steel pipes?	Yes [ ]	No [ ]
Is the current roof over 25 years old?	Yes [ ]	No [ ]
Is the roof flat, made of tar paper, rolled, plywood boards, or stapled?	Yes [ ]	No [ ]
Does the home have pre-existing damage?	Yes [ ]	No [ ]
Is there a trampoline, tree house, or skateboard ramp on the premises?	Yes [ ]	No [ ]
Is there any type of business operated out of the home?	Yes [ ]	No [ ]
Will there be any farming on the property?	Yes [ ]	No [ ]
Is the home to be insured considered to be Historic?	Yes [ ]	No [ ]
Do you own any pets?	Yes [ ]	No [ ]
If yes, what type(s)/breed(s):		
Has this pet ever bit anyone?	Yes [ ]	No [ ]
Is there a swimming pool on the premises?	Yes [ ]	No [ ]
Above-ground pool [ ]		In-ground pool [ ]
Have you had any claims in the past 3 years?	Yes [ ]	No [ ]
If yes, please provide date(s) & details:		
Have you had home insurance cancelled or declined within the past 3 years?	Yes [ ]	No [ ]
Is there a wood burning stove in the house?	Yes [ ]	No [ ]
Are there any secondary (supplemental) sources of heat?	Yes [ ]	No [ ]
Is your home attached to any other houses?	Yes [ ]	No [ ]
Does the house have fuses?	Yes [ ]	No [ ]
Does the house have circuit breakers?	Yes [ ]	No [ ]
Is this a 1-family house (single family dwelling)?	Yes [ ]	No [ ]
Is this house your permanent residence?	Yes [ ]	No [ ]

**Contact: Millie Tillman • mtillman@abcoinsuranceagency.com**  
 1406 Clements Bridge Road, Deptford, NJ 08096  
 Tel toll-free: 1-888-400-2226 • Fax: (856) 384-1053

## Rating Information

Year Built:	# of household residents:	Number of electrical amps:		
Is your home within 5 miles of a fire station?	Yes [ ]		No [ ]	
Is your home within 1,000 feet of a fire hydrant?	Yes [ ]		No [ ]	
Heat type:	Gas [ ]	Oil [ ]	Electric [ ]	Other [ ]
If oil heat, tank is located:	In-ground [ ]		Above-ground [ ]	
Does the house have central air conditioning?	Yes [ ]		No [ ]	
Style of house (Bi-level, Cape Cod, Colonial, Ranch, Townhouse, Victorian etc.):				
Number of stories:	Square ft of living space (main floor + upstairs):			
Does house sit on -	Basement [ ]	Crawl space [ ]	Concrete slab [ ]	
If there is a basement, is the basement finished?	Yes [ ]		No [ ]	
Is there a garage?	Yes [ ]	If yes, # of cars:	No [ ]	
Is there a front porch?	Yes [ ]	If yes, sq ft:	No [ ]	
Is there a deck?	Yes [ ]	If yes, sq ft:	No [ ]	
# of bedrooms:	# of full bathrooms:	# of half bathrooms:	# of fireplaces:	
Are there any other buildings on the property (detached garage, storage shed, etc.)? If yes, what type?				No [ ]

## Construction of house

Wood frame with wood siding [ ]	Wood frame with asbestos siding [ ]	Wood frame with aluminum or plastic siding [ ]	Wood frame with brick, stone, masonry veneer [ ]	Solid brick, stone, masonry [ ]
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## Roof Shingle Type

Asphalt/fiberglass [ ]	Metal [ ]	Slate [ ]	Tile [ ]	Wood shake [ ]
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## Year the following systems were last updated or replaced

Wiring:	Heating:
Plumbing:	Roof:

## Current Insurance Coverage

Dwelling (Coverage A):	Medical Payments to Others (Coverage F):
Personal/Family Liability (Coverage E):	All Peril Deductible:

## Premises Alarm or Fire Protection System

Central Station Security System?	[ ] Yes	[ ] No	For Burglary [ ]	For Fire [ ]
Is your household a smoking or non-smoking household?			Smoking [ ]	Non-Smoking [ ]
Fire Extinguishers?	[ ] Yes	[ ] No		
Working Smoke Detectors?	[ ] Yes	[ ] No		
Dead bolt locks on all exterior doors?	[ ] Yes	[ ] No		

## Misc.

Is your home currently insured?	Yes [ ]	No [ ]
Current insurance company:	Expiration date:	

## Claims within the past 3 years

Incident Date	Description/Details	Amount Paid

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