

EL TRIUNFO



Financial & Insurance Services

License #: 0G29333

**HOME OWNERS/ FIRE QWELLING
QUOTE SHEET**

Date: _____

(In order to process evidence of Insurance in a timely manner please fully complete the following questionnaire)

Borrower's Name: _____

Social Security No.: _____ DOB: _____

Employment Info. Co. Name: _____

Address: _____

E-mail: _____

Co. Borrower's Name: _____

Social Security No.: _____ DOB: _____

Employment Info. Co. Name: _____

Address: _____

E-mail: _____

Vesting to read: _____

Property Address: _____

Phone No: _____ Work Ph. No.: _____

Year Built: _____ Square Footage: _____

No. of Units: _____ Roof Type: _____

Date Purchased: _____ Dwelling update: Electrical _____

(over 20 yrs. old) Heating _____

Plumbing _____

Roof update _____

Prior Insurance Co. Company Name: _____

Years: _____ Any Claims? _____

Bank/Mortgagee Name: _____

(As it should appear) _____

Loan (s) No.: _____

Referred by. Name: _____ Co. Name: _____

Phone No.: _____ Fax No.: _____

*Approximate turn around time : 30 minutes

Thank you for you business, El Triunfo Insurance Agency will always be dedicated in providing the quality care our Costumer's as well as our Referring agencies deserve.