

**Home Quote Request - email to [quote@wmbusinessservices.com](mailto:quote@wmbusinessservices.com) or fax to 360.456.0763 or call toll-free at 1.888.334.2334**

**1. Tell us about your home**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 County: \_\_\_\_\_ ZIP: \_\_\_\_\_ SSN (optional)\* \_\_\_\_\_  
 Inside City Limits                      Outside City Limits

If outside, name of responding Fire Department: \_\_\_\_\_  
 Distance to Fire Department: \_\_\_\_ Miles    Distance to Hydrant: \_\_\_\_ Feet  
 If Coastal, distance to Water: \_\_\_\_\_

I own a home and it is a    1 Family dwelling    2 Family dwelling  
 I own a Condo/Apartment. There are \_\_\_\_ units in my building.  
 I rent a Condo/Apartment. There are \_\_\_\_ units in my building.  
 Date Constructed: \_\_\_\_\_ Date Purchased: \_\_\_\_\_  
 Gated Community:    No    Yes    Name of Community: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Garage:    Attached    Cart Port    1 Car    2 Car  
 Basement    No    Yes    Finished    Unfinished

**Construction:**  
 \_\_\_ Wood/Frame              \_\_\_ Brick/Stone/Masonry              \_\_\_ Wood/Frame with Siding  
 \_\_\_ Masonry Veneer              \_\_\_ Brick/Stone Veneer

Month and Year Constructed: \_\_\_\_\_ Month and Year Purchased: \_\_\_\_\_

**Protective devices:**  
 \_\_\_ Smoke Detectors              \_\_\_ Dead Bold Locks              \_\_\_ Fire Extinguisher

Fire Alarm:              Local              Central              Direct

Burglar Alarm:              Local              Central              Direct

Number of Fireplaces: \_\_\_\_\_

Do you have an Office, Studio or Other Business in your home?  
 No Yes Describe: \_\_\_\_\_

Do you have any residence employees in your home?  
 No Yes Describe: \_\_\_\_\_

Are there any other structures on the premises?  
 No Yes Describe: \_\_\_\_\_

Do you have a Swimming Pool or Trampoline?    No    Yes  
 If yes, is it fenced?    No    Yes

Have the following systems been updated in the last 20 years?  
 Electrical    Plumbing    Roof    Heating  
 Does the Dwelling have Central Heat?    No    Yes  
 Do you have the following alternate Heating?    Wood/Coal/Pellet Stove  
 Electric Space Heater    Kerosene    Other (Describe) \_\_\_\_\_  
 Do you have any other residence that you own or rent?  
 No    Yes (Describe) \_\_\_\_\_  
 Have you have any losses to your home in the last 5 years?  
 No    Yes (Describe) \_\_\_\_\_  
 Do you have any animals or exotic pets on your premises?  
 No    Yes (Describe) \_\_\_\_\_

**2. The coverage you need**

For the most accurate quote comparison, refer to your existing policy and check the coverages that apply.

Coverage A amount: \$ \_\_\_\_\_  
 If Renting, Value of Personal Property in Condo/Apartment: \$ \_\_\_\_\_

Deductible Amount:  
 \$100              \$250              \$500              \$1,000              \$2,500

Liability Coverage:  
 \$100,000              \$200,000              \$300,000              \$500,000

Medical Payment Coverage:  
 \$1,000              \$2,000              \$5,000

**ADDITIONAL COVERAGES**

Replacement Cost on Dwelling: \_\_\_\_\_  
 Replacement Cost on Contents: \_\_\_\_\_  
 Other: \_\_\_\_\_ Other: \_\_\_\_\_  
 Other: \_\_\_\_\_ Other: \_\_\_\_\_

**3. Other coverages**

Do you currently have an umbrella policy?    No    Yes

\*In order to get the most accurate rate, we need your Social Security Number to obtain your insurance score, which checks a component of your credit history (it doesn't affect your credit score). Otherwise, we will estimate your insurance score to obtain the quote.