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For the fastest and most accurate insurance quote, please provide as much information possible in the form below. This information will be kept confidential and will be used for quote purposes only. Please note that no coverage's can be bound through this form.

## GENERAL INFORMATION

NAME:		AARP MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO	PROFESSION:
ADDRESS:	CITY:	STATE:	ZIP:
PHONE #:	EMAIL:	DATE OF BIRTH:	

## HOME INFORMATION

HOW LONG AT PRESENT ADDRESS: (YEARS/MONTHS)	YEAR HOME WAS BUILT:	AGE OF ROOF:	LOSSES IN LAST 7 YEARS: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, PLEASE PROVIDE DESCRIPTION OF LOSS(ES) SEPARATELY)</small>
TYPE OF HOME: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2 FAMILY <input type="checkbox"/> OTHER		TOTAL SQ. FOOTAGE <small>(EXCLUDING GARAGE AND BASEMENT):</small>	
IF BUILT BEFORE 1970, HAS THE HOME BEEN RENOVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF, YES PROVIDE DETAILED DESCRIPTION:		IS THERE COPPER PLUMBING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF, NO PROVIDE TYPE:	

## STRUCTURE INFORMATION

TYPE:	<input type="checkbox"/> 1 STORY	<input type="checkbox"/> 1 1/2 STORY	<input type="checkbox"/> 2 STORY	<input type="checkbox"/> SPLIT STORY	<input type="checkbox"/> BI - LEVEL	<input type="checkbox"/> OTHER:
CONSTRUCTION:	<input type="checkbox"/> FRAME OF STUCCO	<input type="checkbox"/> MASONRY OR VENEER	<input type="checkbox"/> MASONRY			
ROOF:	<input type="checkbox"/> ASPHALT SHINGLE	<input type="checkbox"/> WOOD SHINGLE	<input type="checkbox"/> TILE OR SLATE	<input type="checkbox"/> OTHER		
FOUNDATION:	<input type="checkbox"/> BASEMENT	<input type="checkbox"/> CRAWL SPACE	<input type="checkbox"/> SLAB	<input type="checkbox"/> OTHER		
GARAGE:	<input type="checkbox"/> 1 CAR	<input type="checkbox"/> 2 CAR	<input type="checkbox"/> 3 CAR	<input type="checkbox"/> 4 CAR	<input type="checkbox"/> NONE	GARAGE TYPE : <input type="checkbox"/> BUILT-IN <input type="checkbox"/> DETACHED

## FEATURES

BATHROOMS: # OF FULL	# OF HALF	# OF UNITS:	# OF CHIMNEYS:				
BEDROOMS:	POOL: <input type="checkbox"/> YES <input type="checkbox"/> NO						
HEATING SYSTEM:	<input type="checkbox"/> NONE	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> GAS	<input type="checkbox"/> OIL	<input type="checkbox"/> PROPANE	<input type="checkbox"/> SOLAR	<input type="checkbox"/> OTHER
CENTRAL AIR:	CENTRAL VAC	SMOKE DETECTOR:	FIRE EXTINGUISHER	GATED COMMUNITY?	LOCATED IN BRUSH AREA?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
BURGLAR ALARM:	FIRE ALARM:		INDOOR SPRINKLER SYSTEM?				
<input type="checkbox"/> NONE <input type="checkbox"/> MONITORED <input type="checkbox"/> NOT MONITORED	<input type="checkbox"/> NONE <input type="checkbox"/> MONITORED <input type="checkbox"/> NOT MONITORED		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL				
ANY PETS: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE PROVIDE BREED	ANY ANIMAL CLAIMS: <input type="checkbox"/> YES <input type="checkbox"/> NO					

**PLEASE FAX OR EMAIL THIS FORM TO REZA SHAH ALONG WITH A COPY OF YOUR MOST CURRENT HOMEOWNERS POLICY**

*This form and information is intended for a quote. It is not an insurance contract. Actual policy describes your coverage. By submitting this form I certify that the above information is accurate and true.*

SIGNATURE

DATE