



Homeowners insurance fax request



Ph 512-472-6969

Fax 512-472-3890

To: Eckert Insurance Group, Inc.

Fax: 512-472-3890

Referred by: _____

Company Name: _____

Applicant:

Name: _____
SSN: _____
DOB: _____
Gender: _____
Marital Status: _____
Day phone: _____
Email: _____

Co-applicant:

Name: _____
SSN: _____
DOB: _____
Gender: _____
Marital Status: _____
Day phone: _____
Email: _____

Applicant's current address:

Street Address: _____
City St Zip: _____
Years at this address: _____
Current home ph #: _____

House to insure:

Street address: _____
City St Zip: _____
Market value: _____
Loan value: _____
Replacement/Insurance value: _____

Estimated closing date:

Deadline for quote request:

How to receive quote:

Fax:

Email:

Phone:

Circle one

Inside city limits: Yes No

Dwelling type: Home Condo Townhouse Apartment

Exterior construction (majority): Frame Brick Stone Stucco Other-

Roof type: Composition Metal Tile Other-

Garage type: Attached Attached carport Detached carport None

Heating system: Central Wall furnace Space heaters Other

Monitored security alarm: Yes No

Year built: _____

Square footage: _____

of stories: _____

Heating updates (year & description): _____

Electrical updates (year & description): _____

Plumbing updates (year & description): _____

Roof updates (year & description): _____

USE OF CREDIT INFORMATION DISCLOSURE

Our insurance quoting process **will** obtain and use credit information on you or any other member(s) of your household as part of the insurance credit scoring process