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Home Insurance Quote Request Form

Date: _____

How did you hear about us? _____

Tell us about you:

Name: _____ DOB: _____

Spouse/Co-Applicant: _____ DOB: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Contact Me/Provide Quote Via: Phone Email Best Time to Contact: _____

Tell us about your current coverage:

Current insurance company: _____ How long: _____

Tell us about your Home:

Type of Residence: Single Family Dwelling Condominium Apartment
 Townhouse Mobile Home

Current Market Value: \$_____ Year Built: _____ # Years In Home: _____

Total Square Footage: _____ # of Stories: _____

Exterior Wall Material: (Check all that Apply) Vinyl Stone Aluminum Stucco Wood Brick Other: _____

Basement: None Basement: %_____ finished

Fireplace: (Check all that Apply) None Wood Gas # of Fireplaces: _____

Garage: (Check all that Apply) None Attached: _____ # of Stalls: _____ Detached

Home Updates: _____ Roof: _____
(Year Completed)

Addl Features: Hot Tub/Jacuzzi Locked? Yes No Trampoline Burglar Alarm
(Check al that Apply)

Pool: (Check al that Apply) Above ground In ground Fenced Diving Board

Pets: Breed(s): _____

Any Additional Information or Questions: _____ _____ _____	Office Use:	Faxed	Emailed	Walk in