

Homeowners Insurance Quote Form

Instructions: Please complete form and return to our office by:

fax: 308-432-3117 or email: fnfs@fnb4me.com or in-person: 212 Main St, Chadron NE

Insured _____

Spouse _____

Current Address _____

Address Insuring _____

City, State, Zip _____

Phone Number _____

Insured D.O.B. _____ SS# _____

Spouse D.O.B. _____ SS# _____

Siding (Wood, Steel, Vinyl, Aluminum, etc.) _____

Roof (Composition, Metal, Wood, etc.) _____ Age of Roof _____

Circuit Breakers or Fuses _____ Number of Stories _____

Year Built _____ Heat Type _____

Square Footage _____ Wood Stove/FP _____

Basement Square Footage _____ Percent Finished _____

Do you currently have insurance on this property or any other including Renters policy?

NO YES If YES, what company? _____

Policy # _____

Closing Date (if applicable) _____

Miscellaneous Information

Dogs or Exotic Animals _____

Smoke Detectors _____

Fire Extinguisher _____

Dead Bolts _____

Business on Premise _____

Claims in the last 5 years?

