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| **Date:** *Click here to enter a date.*  **Referred by:** *Name***.**  **Home insurance quote FORM** | | | | | |
| **Name: *First Name* *Last Name*** | | | | | |
| **Date of birth:** *DOB*  **ID #: *T.Z # or Passport #*** | | | **Spouse's Name:  *Full Name.***  **Spouse's ID #: *T.Z # or Passport #***  **Spouse's DOB:** *DOB* | | |
| **Mailing address: *Full address including apt # if applicable.*** | | | | | |
| **Telephone: *Click here to enter text.*** | | **Cellphone: *Click here to enter text.*** | | | |
| **Email address: *Click here to enter text*.** | | | | | |
| **Address of property to insure: *Full address including apt # if applicable*** | | | | | |
| **Property Info:** | | | | | |
| **Type of Home: *Choose* Floor # of apt:** ***#* Total # of floors in building: *#***  **Private Yard?  YES  NO** | | | | | |
| **Type of front door: *Choose type.*  Soragim (Bars on windows):**  **YES  NO Alarm system:**  **YES  NO** | | | | | |
| **Is the apt occupied?**  **YES**  **NO Are you  RENTING or  OWN the apt?** | | | | | |
| **Is the home being used as vacation/short-term rental unit?  YES  NO** | | | | | |
| **Is there a storage room to cover?  YES  NO - Contents to insure in storage room?  YES  NO** | | | | | |
| **Is the apt split?  YES Describe:** ***Click here to enter text.*  NO**  **Jewelry Safe?  YES Weight of safe: *Click here to enter text.*  NO** | | | | | |
| **Type of Insurance Needed:** *Structure/ Contents*. | | | | | |
| **Contents: *Approximate Value* Jewelry:** ***Approximate Value* Silver: *Approximate Value*** | | | | | |
| **Garden furniture cover (covered for fire/lightening/explosion only): *Sum to Insure***  **Do you have a? Gun**  **YES  NO Swimming Pool  YES  NO**  **Do you have a home- based business?  YES *Describe business activity & whether clients visit your home***  **NO**  **Structure: Size of apt (sqm): *size .* Is your home renovated?**  **YES**  **NO** | | | | | |
| **Mortgage:  YES Bank: *MORTGAGE BANK NAME & aDDRESS***  **NO** | | | | | |
| **Market value of home: *Approximate value.*  $$  NIS** | | | | | |
| **Payment details: *CC #.*** | | | | **Exp. Date: *Expiry date*. -----** | |
| **Past History:** | | | | | |
| **Have you been insured before?  YES  NO** | | | | | |
| **Has any insurance company ever refused to issue a policy?  YES  NO** | | | | | |
| **Has any insurance company ever refused to renew a policy?  YES  NO** | | | | | |
| **Have you had any claims in the last 3 years?  YES *Describe*.  NO** | | | | | |
| **Have you ever had any criminal proceedings against you?  YES  NO** | | | | | |
| **For internal use only: ביטול שיבוב?\*** Click here to enter text. | | | | | |
| **Menorah** | **Harel** | | | | **Other** |
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