

Homeowner's Quote Request Form

Email to: info@grantinsurancetx.com or Fax to: 817-595-3718



Referral Reward Program

Full Name: _____ Email Address: _____

Insured's Contact Information

Full Name: _____ D.O.B.: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Email Address: _____ SSN: _____

General Information

Provide a copy of the Declaration Page from your current policy.

What is the name of your current insurance company: _____

When does your current insurance policy expire: _____

Home Information

When was the home built: _____ Size of Home: _____ Sq. Ft. 1 Story 2 Story

Construction Type: _____ If Other: _____

Roof Age: _____

Garage: _____

Floors: Carpet _____% Wood _____% Tile/Stone _____%

Alarm: Yes No

Heating: _____

Bedrooms: _____ If Other: _____

Bathrooms: Full: _____ If Other: _____

Half: _____ If Other: _____

Is there a mortgage: Yes No

Fireplace: Yes No

Pool: Yes No

Fenced Yard: Yes No

Do you have a sump pump: Yes No

Claim(s) in the last 5 years: Yes No

Attached Structure(s): Yes No If yes, what type: _____

Detached Structure(s): Yes No If yes, what type: _____

Do you have a dog: Yes No If yes, what type: _____

Updated Plumbing: Yes No Date of completion: _____

Updated Electrical: Yes No Date of completion: _____

Updated Heating/Cooling: Yes No Date of completion: _____