J. Archer Insurance Group

Home Quick Quote

5252 Westchester St., Ste 260, Houston, TX 77005 • 281-501-8331 info@archerinsgroup.com • www.archerinsgroup.com

Home quote — applicant & property detail.
Complete both pages; type N/A where a field doesn't apply. For high-value homes, multiple properties, scheduled valuables, or umbrella, use the full Personal Lines Application. Return by email to service@archerinsgroup.com.

APPLICANT / NAMED INSURED

Date Needed / Due | Desired Effective Date | How Did You Hear About Us? (Select One) | Referred By (name)

Applicant — Full Legal Name | Date of Birth | Marital Status (Select One) | SSN (optional) | Driver License # / State

Occupation / Profession | Employer | Cell Phone | Email

Co-Applicant / Spouse — Full Legal Name | Date of Birth | Marital Status (Select One) | SSN (optional) | Driver License # / State

Occupation / Profession | Employer | Cell Phone | Email

Mailing Address | Apt / Unit | City | State | ZIP

County | Time at Current Address | Prior Address (if < 3 yrs at current) | Preferred Contact & Best Time

Any property held in an LLC / Trust? Yes No **If yes, entity name(s):**

PROPERTY

Is the property the same as the mailing address above? Yes No **If no, enter address below.**

Property Address | City | State | ZIP | County

Occupancy (Select One) | Residence Type (Select One) | # Families | Year Built | Living Area Sq Ft

Fin. Basement Sq Ft | Construction (Select One) | Foundation (Select One) | Roof Material (Select One) | # Stories

Roof Shape (Select One) | Protection Class | Dist. to Fire Station (mi) | Dist. to Hydrant (ft) | Nearest Fire Station

Water Heater Age | Water Heater Location | Dog Breed / Exotic Pets

Yr Roof Updated | Yr Wiring Updated | Yr Plumbing Updated | Yr HVAC Updated | Yr Electrical Updated

Solar Panels Yes No **Swimming Pool** Yes No **Pool Fenced** Yes No

Auto Water Shut-off Valve Yes No **Generator** Yes No

Alarm / Monitoring: Central Burglar Central Fire Local Burglar Local Fire None

Wood / Pellet Stove Yes No **Trampoline** Yes No **Business on Premises** Yes No

Dist. to Coast / Tidal Water (mi) | Prior / Current Carrier | Yrs with Prior Carrier | # Claims — Prior 5 Yrs

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HOME COVERAGE

Current Carrier | **Current Premium** | **Policy Expiration** | **Yrs with Carrier**

Policy Form: HO3 (Homeowners — standard) HO5 (Premium / open peril) HO4 (Renters)

HO6 (Condo) DP3 (Rental / dwelling — special) DP1 (Rental / dwelling — basic)

Dwelling (Cov A) | **Other Structures (B)** | **Contents (C)** | **Loss of Use (D)**

Personal Liability Select One | **Medical Payments** Select One | **AOP Deductible** Select One | **Wind / Hail Deductible** Select One

Flood coverage in force? Yes No

Building Flood Limit Select One | **Contents Flood Limit** Select One | **Flood Carrier (NFIP / private)**

Mortgage? Lender / Loan # | **Additional Interest / Mortgagee**

Is this for a closing / new purchase? Yes No **Closing / funding date:**

Lender insurance requirements, if any (dwelling amount, replacement cost, escrow, etc.)

Any lapse in coverage (last 5 yrs)? Yes No **If yes, details:**

DOCUMENTS TO SUBMIT

Attach with this form

- Current policy declaration pages
- Appraisal(s) (if available)
- Photos of home
- Home inspection(s) (if available)
- Claims / loss report (last 5 yrs)

LOSS HISTORY

Last 5 years

Describe all home claims / losses: date, type, amount, and status.

Broker of Record / Exclusive Representation Acknowledgment

I authorize J. Archer Insurance Group to market my account and act as my exclusive broker for this submission. I understand that duplicate submissions by other agents can cause carriers to block access and delay or jeopardize the best available pricing.

Applicant Signature | **Date** | **Print Name & Title**

Your Dedicated Personal Lines & Private Client Team Leads

Sylvia Perez — Sr. Personal Lines / HNW Specialist • Rachel Nuylan — Personal Lines Service & Support

Return completed form by email to service@archerinsgroup.com *281-501-8331 • Se habla español*