

DWELLING LIABILITY QUOTE INFORMATION **BENNER INSURANCE / Phone: 512-847-3778 - Fax: 866-558-3320**

Name _____ Date _____
Phone/ Home _____ Work _____ Cell _____
Fax _____ Email _____
Address being quoted _____

CLAIMS

Liability Claims? Yes No If yes - Date _____ Description _____

Is Additional Property Listed on previous Dwelling Quote Form? Yes No _____

LIABILITIES INFORMATION

Dogs <input type="checkbox"/> Yes <input type="checkbox"/> No	Trampoline <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Dogs _____	Trampoline in Fence <input type="checkbox"/> Yes <input type="checkbox"/> No
Breed(s) _____	Inground Pool <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Above Ground Pool <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Ladder <input type="checkbox"/> Yes <input type="checkbox"/> No
Bite History <input type="checkbox"/> Yes <input type="checkbox"/> No	Ladder Removable <input type="checkbox"/> Yes <input type="checkbox"/> No
Dogs Fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Slide <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, How Restrained? _____	Pool in Fence <input type="checkbox"/> Yes <input type="checkbox"/> No

Business Conducted on Property <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what? _____
Lease Property for Business <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, No. of Employees _____
Employers Liability Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	
Acreage Used for Hunting <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Day _____ Seasonal No. of Hunters _____
Coverage for Custom Farm <input type="checkbox"/> Yes <input type="checkbox"/> No	
Farm Roadside Stand(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Annual Gross Income ..\$ _____
Water Craft Liability <input type="checkbox"/> Yes <input type="checkbox"/> No	Claims or Violations <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION

Please Provide Any Additional Information Necessary to Process This Quote
Please Provide Any Additional Requests You Need to Make This Quote Fit Your Needs

To Provide A Comparison Quote to Current Policy >>>>

INCLUDE DEC PAGE FROM CURRENT POLICY