

CHERRY CREEK

INSURANCE GROUP

Home Insurance Quick-Quote Form.

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For your protection, coverage can not be bound or altered via email, fax, voice-mail or other delivery methods without confirmation from a Cherry Creek Insurance representative.

Referred By:

Referred To:

Full Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Social Security #:

Occupation:

How long have you lived at this address:

Own or Rent:

If less than 5 years at this address, please fill out the following "Previous Address" information.

Previous Address

City:

State:

Zip:

How long have you lived at this address:

Own or Rent:

Do you have a trampoline: yes no

Pets (type and breed):

Home and Policy information

Approximate Dwelling Coverage Amount:

Deductible:

The above Dwelling Coverage Amount is the most recent appraised value of the home less the value of the land (cost to rebuild in the event of a total loss).

Year Built:

Square Footage:

Home Type:

Construction:

Foundation:

Roof:

Age of Roof (years):

Garage Type:

Garage Size:

Bedrooms:

Bathrooms:

Fireplace(s):

Chimneys:

Hearths:

Sq.Ft. Bsmnt:

Sq.Ft. Finished Bsmnt:

Sq.Ft. Deck:

Sq.Ft. Porch:

Sq.Ft. Patio

Check all that apply...

Central Air:

Central Vac:

Wet Bar:

Whirlpool Bath:

Ceiling Fans:

Sky Lights:

Pwr Garage Door:

Swimming Pool:

Hot Tub:

Sauna:

Is home located within 1,000 Ft. of a fire hydrant: yes no

Is fire protection volunteer fire department: yes no

Is home located within 5 miles of a fire station: yes no

Please describe all loss claims made within the past 5 years (homeowner and/or renter's):

Claim Type

Claim Amount

Claim Date (mm/yy)

Do you need coverage for jewelry, artwork, home-business, office-equipment? Please let us know.

Print the form, fill out and fax back to 303.799.0156

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