



**Farm or Homeowner
Quote Application/
Questionnaire**

	Person #1	Person #2
Name:		
DOB:		
SS#:		
Land Line:		
Work #:		
Cell #:		
Email Address:		

Home Physical Address: _____

Home Mailing Address (PO Box): _____

Length of Residency at Current Address: _____

Location of Property if Different Than Residence:

Value of Home

When Purchased: _____ Closing Date: _____

Mortgagee _____ Loan # _____

Rock Valley
1004 21st Ave, PO Box 177
Rock Valley, IA 51247
Phone: (712) 476-9100
Fax: (712) 476-9108

Doon
227 Main St, PO Box 6
Doon, IA 51235
Phone: (712) 726-3600
Fax: (712) 726-3445

Rock Rapids
710 1st Ave, PO Box 591
Rock Rapids, IA 51246
Phone: (712) 472-9100
Fax: (712) 472-9108

Alcester
190 Iowa St, PO Box 136
Alcester, SD 57001
Phone: (605) 934-2500
Fax: (605) 934-2515

Hudson
407 Wheelock St, PO Box 447
Hudson, SD 57034
Phone: (605) 984-2241
Fax: (605) 984-2101

Adrian
322 Maine Ave, PO Box 129
Adrian, MN 56110
Phone: (507) 483-2447
Fax: (507) 483-2948



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Current Insurance

Current Insurance: Yes ___ No ___

If Yes – Company Name: _____

Reason For Switching Insurance: _____

Current Policy Dates: _____ Desired Start Date: _____ Policy # _____

Current Premium Payment:

Annual ___ Semi-Annual ___ Qtrly ___ Monthly ___ Installments ___

Current Deductibles: _____

Electrical

Wiring Type:

Fuse ___ Breaker Box ___ Amps: _____ Updated: _____

Plumbing:

PVC ___ Galvanized ___ Updated: _____

2nd Floor Plumbing: _____ Updated: _____



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Dwelling Type of Construction

Frame: _____ Masonary: _____ Square Feet: _____

Style: _____ Year Constructed: _____

Exterior Siding: _____ Updated: _____

Roof: _____ Updated: _____

Basement: Yes ___ No ___

If Yes, What % Is Finished _____% Square Feet: _____

Garage Square Feet: _____ Attached ___ Detached ___

Porches: _____ Type _____ Square Feet _____

Type _____ Square Feet _____

Decks: _____ Type _____ Square Feet _____

Type _____ Square Feet _____

Primary Source of Heat: _____ Updated: _____

Supplemental Heat Type: _____

Was Woodstove or Fireplace Professionally Installed? Yes ___ No ___ Date: _____



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Outbuildings

	#1	#2	#3
Type:			
Dimensions:			
Year Constructed:			
Siding:			
Roof:			
Year Updated:			
Year Painted:			
Electricity: Y/N			

Pets: _____ Type: _____ Have They Bitten Anyone: _____

Claims (Past 5 Years): _____

If Yes – How Much Was Paid Out: _____

If Unsure, We Will Need a Copy from Your Current Provider for a Claim-Free Discount.

Optional Coverages: _____

Actual Cash Value ___ Replacement Cost ___

Service Line Coverage: _____

Home Equipment Coverage: _____

Water/Sewer Back Up: _____

