



One Call For All Your Personal and Business Insurance Needs

Dear Potential Applicant:

Thank you for your interest in Burak Insurance Solutions and our expertise in obtaining the most competitive insurance quotes in the industry for the Georgia market. We know how important it is to have the best value for your insurance products.

Please complete the form provided on the following page at your convenience. After completion, please print and fax this form to the number below. We will review this form for completeness and contact you for any additional information needed to acquire the best quotes.

Again, we thank you for interest and look forward to serving you in the future.

Sincerely,

Frederick L. Burak

Frederick L. Burak

HOMEOWNER'S QUOTE	Coverage Effective Date	Car Discount To Be Applied?
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								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Homeowner or Tenant 1					Homeowner or Tenant 2					
Name					Name					
Date of Birth		Social Security Number			Date of Birth		Social Security Number			
Home Phone		Work Phone		Cell Phone		Home Phone		Work Phone		Cell Phone
Property Address (include zip code and county)										
Construction				Sq. Feet of Home		Roofing			Year Built	
<input type="checkbox"/> Frame <input type="checkbox"/> Brick <input type="checkbox"/> Stucco <input type="checkbox"/> Stone <input type="checkbox"/> Siding <input type="checkbox"/> Metal						<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Other:				
Occupancy					Type Home (check all that apply)			Garage(s)		
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment Property					<input type="checkbox"/> 1 Story <input type="checkbox"/> 2 Story <input type="checkbox"/> Basement <input type="checkbox"/> Slab			<input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car		
Home Description (check all that apply)										
<input type="checkbox"/> Separate Home <input type="checkbox"/> Condominium: # Of Units: ___ <input type="checkbox"/> Town home # of Units: ___ <input type="checkbox"/> Mobile Home <input type="checkbox"/> Tenent (renter)										
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 bedroom <input type="checkbox"/> 5 bedroom <input type="checkbox"/> 1 bath <input type="checkbox"/> 2 bath <input type="checkbox"/> 3 bath <input type="checkbox"/> 4 bath <input type="checkbox"/> ½ bath										
Within 1000 feet of fire hydrant?		Within 5 miles of fire station?		Replacement Cost?		Current Insured Value	Other Structures Value	Personal Liability (each occurrence)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$		
Deductible	Personal Property		Guest Med Payments		Protection Devices (check all that apply)					
\$	\$		\$		<input type="checkbox"/> Dead Bolt <input type="checkbox"/> Smoke Alarm <input type="checkbox"/> Monitored Alarm <input type="checkbox"/> Other:					
Claims made in past 5 years (year / amount)			Personal Articles Floater		Description of personal articles (items over \$1,000 i.e., jewelry, art, collectibles, guns, racing bikes etc)					
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> See attached schedule or					
Other Endorsements										
Mortgagee Clause (Mortgage Company name and address to be Billed)										
Current Insurance Company								Current Premium		
								\$		