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# STERLING THOMPSON COMPANY

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## QUOTE REQUEST

Please complete the form below & submit to [info@sterlingthompson.com](mailto:info@sterlingthompson.com)  
We will be in touch within 5 days. Thank you.

\_\_\_\_\_  
Name\*

\_\_\_\_\_  
Business (if applicable)

\_\_\_\_\_  
Phone\*

\_\_\_\_\_  
Email\*

\_\_\_\_\_  
Name of any Co-Applicants

### HOME

Address of property\* \_\_\_\_\_

Current amount of coverage, including liability limit \_\_\_\_\_

Current deductible \_\_\_\_\_

Is there a mortgage    no    yes

Year built \_\_\_\_\_ Age & style of roof \_\_\_\_\_

Number of bedrooms \_\_\_\_\_ Number of bathrooms \_\_\_\_\_

Construction of home    brick    siding    frame

Square footage not including basement \_\_\_\_\_ Number of stories not including basement \_\_\_\_\_

Is there a basement    no    yes    Square footage basement only \_\_\_\_\_

When were the following systems last updated:

electrical \_\_\_\_\_ heating \_\_\_\_\_ plumbing \_\_\_\_\_

Garage    none    attached    detached    Square footage \_\_\_\_\_

Fireplace    none    wood-burning    natural gas

Any of the following on the premises:

Monitored alarm system    Cameras

Dogs    no    yes, breed \_\_\_\_\_    Pool    Trampoline

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### AUTO

Name, Driver's license number, Date-of-birth for all drivers on policy\*

_____	_____
_____	_____
_____	_____

Are your vehicles    financed    paid off    leased

How far (mileage) do you drive to work? \_\_\_\_\_

Year, make, model, VIN number of each auto\*

_____	_____
_____	_____
_____	_____

### GENERAL

Any claims within the last 5 years for home or auto?    no    yes

If yes, please share the timeframe and details:

\_\_\_\_\_

Current insurance company \_\_\_\_\_

How many years? \_\_\_\_\_ Current Auto Liability Limit \_\_\_\_\_

Any collections or jewelry in need of coverage \_\_\_\_\_

Do you have a personal umbrella    no    yes    What amount of coverage? \_\_\_\_\_

Your place of work & job title \_\_\_\_\_

Co-Applicant place of work & job title \_\_\_\_\_