

Homeowners Insurance

Name _____
Street address _____
Current mailing address _____
City, State, Zip _____

Email address _____
Date of birth _____
Occupation _____
Employer _____
How long with current employer _____

Home phone _____
Work phone _____
Cell phone _____

Spouse Information

Name _____
Date of birth _____
Occupation _____
Employer _____
Work Phone _____

Home To Be Insured

Street address _____
City, State, Zip _____
How long at present address _____
Previous home address _____
(if less than 3 years at present address)

Rating Information

What year was this home built? _____
What type of construction was used? SELECT _____
Number of families SELECT _____
Age of roof _____

Roof type SELECT
If other _____
What style is your home? SELECT
How will your home be used? SELECT
How far to the nearest
fire station? TEXT miles
How far to the nearest
hydrant? TEXT feet
Distance to coast? _____
Home rented to others? _____
If yes, how many weeks? _____
How many total living sq.
ft on 1st floor? _____
Do you have a woodstove? _____
If yes, please describe
type and use _____
Any smokers in house? _____
What is the primary source
of heat? _____
if oil, tank location _____
What is your secondary
source of heat? _____

Protective Devices

Do you have a security system? _____
if yes, type? _____
Do you have a burglar alarm? _____
if yes, type _____
Alarm company? _____
Is there a sprinkler system
in the building? _____
Are there smoke detectors _____
Have you have any losses
in the last 8 years? _____
If yes, please describe. _____

Is this your first home? _____
If no, do you have current
insurance? _____

Do you have any pets? _____
If yes, please describe: _____

Any Hot Tube, Sauna,
Swimming pool, Trampoline,
Wet Bar, Etc.? _____
If yes, please describe: _____

Any updates that have been
done on home (i.e. new roof,
electrical, heating, retrofitting,
etc). _____
If yes, please enter date
complete and describe: _____

If the building is over 25 years old, please answer the following:

Year electricity was updated? _____
Is it on circuit breakers? _____
If yes, number of Amps? _____
Year plumbing was updated? _____
Type of plumbing: SELECT _____
If other: _____
Any business conducted on
site? If so, what type? _____

Current Insurance

Previous Carrier _____
Policy dates
 State date: _____
 End date: _____
How long insured? _____
Amount insured for? _____
Policy number? _____
Premium? _____
Policy renewal date _____
Any bankruptcy in the past? _____
If yes, when? _____

Coverage Information

Dwelling	_____
Contents	_____
Liability	_____
Medical Payments	_____
Deductibles	_____
All perils?	_____
Wind/Hail/Storm	_____

Please use the space below to add comments regarding any special circumstances or coverage needs:
