

### ***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 1<sup>st</sup> 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:

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