



Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Current Insurance: \_\_\_\_\_ How many years? \_\_\_\_\_

Property Address: \_\_\_\_\_

**Insured Information**

|  |   |
|--|---|
| Named Insured (s)<br>1. _____ 2. _____   | Prior Address if moved in the past 4 years  |
| Date or Birth for Named insureds<br>1. _____ 2. _____  | Occupation and City of Employment   |
| Social Security for named insureds:<br>1. _____ 2. _____   | Name(s) on the deed of the home   |
| Has current policy been cancelled or non-renewed in past 5 years? If yes, why? _____<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Mortgage Company Name and Address:<br><br>Is your premium Escrow Billed: Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Home Information**

|  |  |
|--|--|
| Year Built: _____ Year purchased: _____  | Square Footage: _____ Number of Stories: _____   |
| Construction of the Home: _____<br>Exterior Wall Material: _____   | Home in City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Responding Fire Department: _____                     |
| Distance to Fire Department: _____   | Is there a Fire Hydrant within 1000 feet of the home?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                      |
| Do you have Central Heat and Air? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If so, is your heat Gas or Electric? _____ | Foundation Type: _____<br>If crawl space or piers is foundation closed in?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  |  |
| Roof Material: _____   | # of Fireplaces: _____ Gas or Wood Burning _____<br>Wood burning stove? Yes <input type="checkbox"/> No <input type="checkbox"/>       |
| Year of most recent complete updates:  |  |
| Roof: _____ Plumbing: _____ Electric: _____ Heating and Air: _____   |  |

|  |   |
|--|---|
| <p>Do you have a Garage or Carport? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is it attached? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Number of cars it will hold _____</p> <p>Screened Porch Square Footage _____</p> <p>Wood Deck Square Footage _____</p> <p># of open porches? _____ Square footages _____</p>   | <p>Number of Kitchens: _____</p> <p>Number of Bathrooms: Full _____ Half _____</p> <p>Are Baths or Kitchen customized well above Builder's Grade? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please explain: _____</p> |
| <p>What type of pipes do you have? _____<br/>(pvc, copper, lead, etc)</p>  | <p>Do you have circuit breakers? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have asbestos siding? Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |
| <p>Dead bolts: Yes <input type="checkbox"/> No <input type="checkbox"/>      Smoke Detectors: Yes <input type="checkbox"/> No <input type="checkbox"/>      Fire Extinguishers: Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |   |
| <p><b>Flooring:</b><br/>Approximate % of Carpet: _____ Tile: _____ Wood: _____ Laminate: _____ Other (Specify): _____</p>  |   |
|  |   |
| <p>Do you own any dogs? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify breed: _____</p> <p>Any bite history? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes please specify: _____</p>  | <p>Central Monitored Alarm? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Burglar &amp; Fire monitored? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name of Alarm Company: _____</p>                          |
| <p>Do you have a pool? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please specify type: In ground <input type="checkbox"/> Above ground <input type="checkbox"/> Value: _____ Size: _____</p> <p>Fenced? Yes <input type="checkbox"/> No <input type="checkbox"/>      Diving Board: Yes <input type="checkbox"/> No <input type="checkbox"/>      Slide: Yes <input type="checkbox"/> No <input type="checkbox"/></p> |   |
| <p>Does your home have any special features? If so, please specify: _____</p>  | <p>Desired Deductible: _____</p>  |
| <p>Any outbuildings? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify type, size, and value: _____</p> <p>_____</p>  | <p>Scheduled items: (Jewelry, Fine Arts, Guns, Silverware, etc.)? If yes, amount: _____</p> <p>_____</p>  |
| <p>Have you had any losses or claims in the last 5 years? Please explain: _____</p> <p>_____</p>   | <p><b>*If you have an automobile that you would like us to quote, there is always a discount for having a home and auto policy packaged together*</b></p>   |
|  |   |

**\*We rate a minimum of \$500,000 liability, \$5,000 medical payments and \$1,000 deductible\***