



1-888-564-2999

Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN# \_\_\_\_\_ DL# \_\_\_\_\_

Address: \_\_\_\_\_ Own Rent / Apt Condo

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years @ Address: \_\_\_\_\_

Previous address (if less than 1 year at current): \_\_\_\_\_

May we run consumer reports (financial responsibility and claim history)? Yes No

Have you had any claims in the last five years? Yes No Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Years @ Employer: \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN# \_\_\_\_\_ DL# \_\_\_\_\_

Spouse Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Years @ Employer: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Prior/Current insurance carrier: \_\_\_\_\_ Years with prior carrier: \_\_\_\_\_

Date of expiration/renewal: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Claims/Accidents/Tickets**



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Inside/Outside City Limits: \_\_\_\_\_ Feet to Fire Hydrant: \_\_\_\_\_ Miles to Fire Dept: \_\_\_\_\_

Flood Insurance Required: \_\_\_\_\_

Sales Price: \_\_\_\_\_ Loan Amount: \_\_\_\_\_ Closing Date: \_\_\_\_\_ Loan#: \_\_\_\_\_

Mortgagee Clause: \_\_\_\_\_ Escrow? Yes No

Year Built: \_\_\_\_\_ Type of Roof & Age: \_\_\_\_\_ # of Stories: \_\_\_\_\_

Homes Over 20 Years: Age of Plumbing: \_\_\_\_\_ Electric: \_\_\_\_\_ Heating: \_\_\_\_\_

Exterior Construction: % Frame/Asbestos: \_\_\_\_\_ % Brick/Rock Veneer: \_\_\_\_\_

% Stucco: \_\_\_\_\_ % Hard Plank: \_\_\_\_\_

Square Footage of Home: \_\_\_\_\_ Type of Foundation: \_\_\_\_\_

Fireplace: Yes No / Gas Wood

Custom Kitchen Features

#Baths: \_\_\_\_\_ Custom Bath Features

# \_\_\_\_\_ Car Garage Attached Detached Carport Built-in

Covered Patio/Porch Sq. Ft.: \_\_\_\_\_ Balcony Sq. Ft.: \_\_\_\_\_ Deck Sq. Ft.: \_\_\_\_\_

Air & Heating

Flooring

Walls

Central Air & Heat: \_\_\_\_\_ % Wood: \_\_\_\_\_ % Carpet: \_\_\_\_\_ % Paint: \_\_\_\_\_

Gas/Electric Heat: \_\_\_\_\_ % Tile: \_\_\_\_\_ % Vinyl: \_\_\_\_\_ % Wall Paper: \_\_\_\_\_





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Swimming Pool: \_\_\_\_\_ Fenced Yard: \_\_\_\_\_ Gate Around Pool: \_\_\_\_\_ Trampoline: \_\_\_\_\_

In/Above Ground: \_\_\_\_\_ Slide: \_\_\_\_\_ Diving Board: \_\_\_\_\_ Pool Cabana: \_\_\_\_\_

# of Dogs: \_\_\_\_\_

Breed(s): \_\_\_\_\_

Central Alarm: Yes No Monitored By: \_\_\_\_\_

Dead Bolt Locks: Yes No # of Smoke Alarms: \_\_\_\_\_

Does liability need to be extended to other owned properties? \_\_\_\_\_

Address of other properties: \_\_\_\_\_

Date	Claims Type	Amount Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Notes**

