
Named Insured: _____ SS #: _____ Date of Birth: _____
Occupation & Employer: _____
Second Named Insured: _____ SS #: _____ Date of Birth: _____
Occupation & Employer: _____
Mailing Address: _____
Day Phone : _____ (Home): _____ (E-Mail): _____
Property Address: _____
Year Built: _____ Construction Type: (Please circle one) Frame, Brick, Brick Veneer, Concrete
Number of Stories: _____ Square Footage: _____ Type of Roof: _____ Last replaced: _____
Basement? Yes No Is it finished? Yes No Is it a daylight basement? Yes No
Garage? Yes No Attached or Detached? (Please circle one)
Are there any other structures (ie. workshop / pergola) on the property? Yes No
If yes, please describe and include estimated cost to rebuild: _____

Do you have a pool, hot tub, golf cart or trampoline? Yes No If yes, what do you have?: _____
Do you have a dock? Yes No If yes, estimated cost to rebuild: _____
Number of fireplaces: _____ Number of Chimneys _____
Number of Full Baths _____ Number of ¾ Baths _____ Number of Half Baths _____
Type of Heating System (ie. Gas, Electric, Oil) _____
Security System? Yes No If yes, please indicate name and type of alarm: _____
If house is over 25 years old, when were the following updated?
Electrical _____ Date _____ What was done _____
Plumbing _____ Date _____ What was done _____
Roof _____ Date _____ What was done _____
Is there a Mortgage on the property? Yes No
Do you own a dog? Yes No If Yes, what type: _____ (please include each type for mixed breeds)
Has it ever bit anyone? Yes No
Do you rent a room(s) to someone: Yes No If yes, is the room inside the house or separate structure?: _____
Do you run a business or conduct any business operations aside from incidentals (ie. checking work email from home) from your residence premises? Yes No
Do you store any business personal property at your residence premises? Yes No If so, how much: \$ _____
Do you have any hobbies that generate revenue? Yes No If yes, describe: _____
Current homeowner's insurance carrier: _____
Have you been non-renewed and/or had your homeowner's policy canceled for any reason in the last 5 years? Yes No
If yes, please provide details on when and why: _____

Any losses (Property or Liability) in the past 5 years? Yes No Date of Loss: _____
Details: _____

Do you wish to get a quote for Earthquake? Yes No If yes, has the home been retrofitted? Yes No
Do you wish to get a quote for Flood insurance? Yes No Do you wish to get a quote for an Umbrella? Yes No