

• **Applicant Information**

Insured's Name \_\_\_\_\_  
Last Name First M

Property Address \_\_\_\_\_  
Street City ST Zip

County \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_  
Street City ST Zip

His DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

Her DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

His Employer \_\_\_\_\_  
Company Occupation # Years

Her Employer \_\_\_\_\_  
Company Occupation # Years

• **Property Information**     Owner Occupancy     Tenant Occupancy

Name of Subdivision \_\_\_\_\_ in city limits?  Yes  No

Year Built \_\_\_\_\_ Square Feet \_\_\_\_\_ # of Stories \_\_\_\_\_ Roof Type \_\_\_\_\_ Foundation  Pier Beam  Slab

**Construction Type**

Frame     Asbestos/Stucco     Brick/Stone/Veneer     other \_\_\_\_\_

Less than 5 miles to fire station?  Yes  No    Less than 1000' to fire hydrant?  Yes  No

**Updates (Year)**    Wiring \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_

Security Systems     Fire/Monitored     Smoke Detectors     Burglary/Monitored

Garage  Attached  Not Attached    # Cars \_\_\_\_\_    Swimming Pool  Yes  No    Diving Board  Yes  No

Slide  Yes  No    Fence  Yes  No    Trampoline  Yes  No

Other Buildings on Property \_\_\_\_\_    Exotic Pets \_\_\_\_\_

• **Coverage Information**

Dwelling/Value of Home \$ \_\_\_\_\_ Personal Liability \$ \_\_\_\_\_ Medical Payments \$ \_\_\_\_\_

Deductible 1 \_\_\_\_\_ (Usually 1%)    Excluding Land    Deductible 2 \_\_\_\_\_ (Usually 2%)    Appraisal \_\_\_\_\_

Claims in the past 3 years?

Date	Type	Description of Loss	Amount Paid
			\$
			\$

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Date \_\_\_\_\_ Referred By \_\_\_\_\_ Referred To \_\_\_\_\_