

• **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) _____

His DOB ____/____/____ Street SSN ____ - ____ - ____ City ST Zip

Her DOB ____/____/____ SSN ____ - ____ - ____

His Employer _____ Company Occupation # Years

Her Employer _____ Company Occupation # Years

• **Property Information**

Name of Subdivision _____ in city limits? Yes No Skirted Yes No

Year Built _____ Make _____ Model _____

Width _____ Length _____ Serial # _____ Tied Down Yes No

Construction Type:

Frame Vinyl Siding Metal Siding other _____ Acreage _____

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 _____ 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 |
| | | | \$ |
| Date | Type | Description of Loss | Amount Paid |

 Date _____ Referred By _____ Referred To _____