

Date: _____

Insured's Name:		Spouse Name:	
DOB:		Spouse DOB:	
SSN:		Spouse SSN:	
Occupation:		Spouse Occupation:	
Phone:	Email Address:		

911 Address:	
City, State, Zip:	County:
Mailing Address (if different):	
Prior Address (if less than 3 Yrs):	

Name of Current Insurance Carrier:		Policy Expiration Date:	
Purchase Date:	Purchase Price: \$	Name of Mortgage Company:	
Inside City Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance to Fire Dept:	Distance to Fire Hydrant:	
Name of Nearest Fire Department:			

<input type="checkbox"/> Primary Residence		<input type="checkbox"/> Secondary Residence		<input type="checkbox"/> Seasonal Residence	
<input type="checkbox"/> Short Term Rental (6 months or less)		<input type="checkbox"/> Long Term Rental (6 months or more)			
Year Built:	# of Stores:	Sq Ft:	# of Bedrooms:	# of Bathrooms:	
Construction Type: <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Wood Frame <input type="checkbox"/> Metal Frame <input type="checkbox"/> Other _____					
Foundation Type: <input type="checkbox"/> Slab <input type="checkbox"/> Blocks (Pier & Beam)					
Skirted: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Skirting Type: <input type="checkbox"/> Lattice <input type="checkbox"/> Metal <input type="checkbox"/> Siding <input type="checkbox"/> Other _____				
Roof Age: _____ (Yrs)	Roof Type: <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Other _____				
<input type="checkbox"/> Central A/C & Heat <input type="checkbox"/> Window Units <input type="checkbox"/> Other _____			Fire Place: <input type="checkbox"/> Yes <input type="checkbox"/> No		Wood Burning Stove: <input type="checkbox"/> Yes <input type="checkbox"/> No
Last wiring Update (Year):			Last plumbing update (Year):		
Type of Floors: <input type="checkbox"/> Hardwood _____% <input type="checkbox"/> Carpet _____% <input type="checkbox"/> Tile _____% <input type="checkbox"/> Vinyl _____% <input type="checkbox"/> Laminate _____%					
Type of Wall Coverings: <input type="checkbox"/> Paneling _____% <input type="checkbox"/> Painted _____% <input type="checkbox"/> Wallpaper _____% <input type="checkbox"/> Other _____ - _____%					

Garage: <input type="checkbox"/> Attached <input type="checkbox"/> Unattached # of Cars _____		Carport: <input type="checkbox"/> Attached <input type="checkbox"/> Unattached # of Cars _____	
Sq Ft of Attached Porches (Covered):		Square Foot of Attached Deck (Uncovered):	
Sq Ft of Adjacent Building (Shed, Storage Building, Pump House, etc.):			Est Value: \$
Construction Type: <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other- _____			
Animals (Excluding cats): <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, list breed (Horse, dog, goat):	
Biting History? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Trampoline: <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, Safety Net: <input type="checkbox"/> Yes <input type="checkbox"/> No)		Jacuzzi: <input type="checkbox"/> Yes <input type="checkbox"/> No (Self-locking Gate? <input type="checkbox"/> Yes <input type="checkbox"/> No)	
Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No (Self-locking Gate? <input type="checkbox"/> Yes <input type="checkbox"/> No) Diving Platform (Diving Board or Rock): <input type="checkbox"/> Yes <input type="checkbox"/> No Slide: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Claims in Past 7 Years? Yes No			
Claim Date:	Type of Claim:	Amt Paid:	Repairs Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Claim Date:	Type of Claim:	Amt Paid:	Repairs Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No