

Sales Rep.

HOMEOWNER / DWELLING INSURANCE APPLICATION

DATE: _____ POLICY EFFECTIVE DATE: _____

Applicant's Name: _____ Birth Date: _____ S.S. # _____
Current Address: _____ Occupation: _____

If a Business provide the below information for the owner/executive/officer:

Name: _____ Birth Date: _____ S.S. # _____
Current Address: _____ Title: _____

Phone: _____ E-mail: _____

Purchased Price/Amount to Insure: _____ Amount Financed: _____

Property Address: _____ City: _____ State: _____ Zip: _____

Mortgagee Clause: _____ Loan #: _____

Address: _____

Send renewal Bill to: Mortgage Company _____ Insured _____

Has applicant filed for Bankruptcy within the last 10 years? ___ Yes No ___

Number of families: _____ Owner occupied: Yes ___ No ___ New Construction: Yes ___ No ___

Is the property Vacant? ___ if so, would the property be occupied by the effective date or closing date? _____

Is the home currently being renovated or will be? Yes ___ No ___, if so explain work being done: _____

Construction: Frame ___ Brick ___ Style: Colonial ___ Cape Cod ___ Ranch ___ Other: _____

Is the property attached to another property: Yes ___ No ___ or within 300 feet of a Commercial Structure: ___

Garage: ___ Yes ___ No, if so, garage type: Attached ___ Detached ___ Built in ___ How many cars: _____

of Stories: ___, if over 2, does it have a metal fire escape: ___ # of Bath: ___ Basement: ___, if so, finished: _____

Year Built: _____ Home Sq. Footage: _____ Year of Updates: Electrical ___ Plumbing ___ Heating ___

Heating System: Gas ___ Electric ___ Oil (Above ground) ___ (Below ground) _____

Roof: Flat ___ Pitched ___ Year roof was last updated _____

The following are located on the premises:

Swimming Pool ___ Trampoline ___ Dog ___ Fireplace _____

Year home was Purchase? _____ Do you currently have Insurance? _____ If so what is the premium? _____

Do you have an active central station reporting burglar alarm? Ex: ADT, Brinks, etc: _____

Do you have an active central station reporting fire alarm? Ex: ADT, Brinks, etc: _____

Additional and optional Coverage:

Flood ___ Earthquake ___ Sewer backup ___ Sump-Pump ___ Equip. Breakdown ___ Sink hole Collapse ___

Sent/Referred by: _____ send quote to: _____

Print name and number

(Fax # or E-mail)