

HOMEOWNERS RATING INFORMATION

Owner _____ Spouse _____

Social Security # _____ Social Security # _____

Date of Birth _____ Date of Birth _____

Current Address _____

New Address _____

Phone # _____ Email address: _____

Home Details:

Year Built: _____ Square Footage _____ Foundation Type: _____

Construction Type: Brick/Veneer/Frame/Hardy Plank/Asbestos/Stucco/Metal (circle one)

Central Heat & A/C Yes _____ No _____ Window units Yes _____ No _____
Heat Source: Electric _____ or Gas _____

Fireplace? ___ Yes _____ No If yes Wood Burning or Gas _____

Garage Type: attached or detached _____ # of cars _____

If detached construction type _____

Roof Type: Composition/Wood/Metal (circle one)

Age of Roof: _____ # of layers _____

Out Buildings: (not attached to home) Description _____

Building Use _____

If home is over 35 ye ars old are there any updates to the following:

Wiring _____ Plumbing _____ Heat/AC _____ Roof _____

Are there any of the following:

Trampoline Yes No If yes does it have a safety net? _____

Swimming Pool Yes No If yes is it fenced? _____ Type/height _____

Diving Board Yes No

Slide Yes No

Pets: Yes No If yes # and breed _____

Discounts: Smoke Alarm Local Remote Central None

Fire Alarm Local Remote Central None

Burg lar Alarm Local Remote Central None

Fire Extinguisher Yes No

Deadbolt Locks Yes No

3 Year Loss Free Yes No

If you could save 10 to 15% would you be interested in the same company insuring your auto? Yes No

Do you need an Umbrella? Yes No

Do you need flood insurance? Yes No

Were you referred by anyone? Yes No If yes by whom? _____

Coverage requested:

Home: Amount of Coverage _____ Loan amount _____

Contents: Amount of Coverage _____

Liability Limits: \$100,000 \$300,000 \$500,000

Deductible: 1% 2%

Is this a new purchase? Yes No

Effective date of closing/ _____

Mortgage: Name: _____

Address: _____

Loan # _____ Phone# _____

Current Carrier if not a new purchase: _____

of years with current carrier _____

Please provide the following about the details of the interior of the home.

of bathrooms _____ Full _____ Half _____

Type of flooring in the home _____

IE 70% carpet 30% to equal 100%

Type of wall coverings _____

IE paneling, tile, paint to equal 100%

Are there any custom items in the home such as granite or marble countertops? Yes No

If yes which type and where? _____ Kitchen Bath Both