

NEW HOMEOWNERS POLICY

NAME: _____ SPOUSE NAME: _____

DOB: _____ SS# _____ DOB: _____ SS# _____

EMPLOYER: _____ EMPLOYER: _____

OCCUPATION: _____ OCCUPATION: _____

PHONE: _____ ALT PHONE: _____ EMAIL: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PREVIOUS ADDRESS *if less than 3 years at current address*: _____

#OF PEOPLE RESIDING AT HOME: _____

YEAR BUILT: _____ SQ. FEET: _____ #OF STORIES: _____ # OF BATHROOMS: _____

TYPE OF SIDING: _____ FOUNDATION TYPE: _____ ROOFING: _____

GARAGE: Attached Detached None # CARS: _____

MAIN HEAT: _____ WOOD STOVE: Yes No FIREPLACE: Yes No

HOT TUB: Yes No POOL: Yes No IF POOL: Above Ground In-Ground

LIST OUTBUILDINGS: _____

INTERIOR FINISH: BUILDERS GRADE CUSTOM DESIGNER

UPGRADES: ROOF YR _____ WIRING _____ PLUMBING _____

OTHER COMMENTS: _____

CURRENT INSURANCE COMPANY: _____ YRS: _____

CLAIMS HISTORY LAST 5 YEARS: _____

VALUE OF HOME: _____ VALUE OF OUTBUILDINGS: _____

(OR USE PURCHASE PRICE OR REPLACEMENT COST): _____

ANY NEED FOR AUTO QUOTE OR UMBRELLA POLICY? Yes No

NEED LIFE INSURANCE QUOTE? Yes No If yes, amount desired: _____