

Homeowners/Renters Insurance

1) Owner/Renter's Name: _____

2) Address: _____

3) Phone: _____ Email: _____

4) Year Built: _____

5) Foundation: Slab Raised Other: _____

6) Type of Roof: Composition Tile (Concrete) Tile (Slate) Other: _____

7) Central Air: Yes No

8) Plumbing Copper Galvanized Steel

9) Electrical, Heating or Roof Updates?: Yes No

Explain:

10) Number of Stories: _____

11) Do you have a Swimming Pool?: Yes No

12) Do you have a spa?: Yes No

13) Do you have a supervised (central station) alarm?: Yes No

14) Do you own a dog(s)? If yes, what breed? Yes No

15) Do you own a trampoline?: Yes No

16) Living square feet: _____

17) Garage: # of cars: _____

Attached?: Yes No

Built in?: Yes No

18) Any business conducted at home?: Yes No

If Yes explain:

19) Current Insurance Company: _____

20) Expiration Date: _____

21) Deductible: _____

22) Any claims the past 3 years?: Yes No

Explain:
