

PRODUCER / REFERRED BY: \_\_\_\_\_ PHONE#: \_\_\_\_\_ DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ SSN: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PREFERRED METHOD OF CONTACT: \_\_\_\_\_  
HOME PHONE#: \_\_\_\_\_ WORK PHONE#: \_\_\_\_\_ FAX#: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PROPERTY ADDRESS (if different): \_\_\_\_\_

**OCCUPANT CRITERIA**

OWNER OCCUPIED:  YES  NO  
OCCUPIED YEAR ROUND:  YES  NO  
YEARS AT THIS LOCATION: \_\_\_\_\_  
SINGLE FAMILY HOME:  YES  NO  
-IF NO, HOW MANY UNITS: \_\_\_\_\_  
YEAR BUILT: \_\_\_\_\_  
TOTAL AREA (square feet): \_\_\_\_\_  
NUMBER OF STORIES: \_\_\_\_\_

**STRUCTURE CRITERIA**

FOUNDATION TYPE:  
 SLAB  BASEMENT  OTHER: \_\_\_\_\_  
OUTSIDE WALL MATERIAL: \_\_\_\_\_  
BUILDING CONSTRUCTION: \_\_\_\_\_  
DECK / PORCH:  YES  NO -SQ FT: \_\_\_\_\_  
NUMBER OF FIREPLACES: \_\_\_\_\_  
NUMBER OF BEDROOMS: \_\_\_\_\_  
NUMBER OF BATHROOMS: \_\_\_\_\_  
HEATING TYPE: \_\_\_\_\_  
AIR CONDITIONING:  YES  NO  
ROOF TYPE: \_\_\_\_\_  
GARAGE TYPE: \_\_\_\_\_

**AGE OF THE FOLLOWING***(only if over 25 years old)*

WIRING: \_\_\_\_\_  
CIRCUIT BREAKERS:  YES  NO  
PLUMBING: \_\_\_\_\_  
COPPER PIPES:  YES  NO  
ROOF: \_\_\_\_\_  
HEATING: \_\_\_\_\_  
PAINT (exterior): \_\_\_\_\_

**SPECIAL FEATURES AND HAZARDS**

Burglar Alarm  Swimming Pool  
 Fire Sprinklers  Diving Board  
 Skylights  Animals  
 Woodstove  Jacuzzi  
 Other *(please comment)* \_\_\_\_\_  
DISTANCE TO FIRE HYDRANT: \_\_\_\_\_  
DISTANCE TO FIRE STATION: \_\_\_\_\_

**BACKGROUND***(Please describe all YES answers)*

Any losses/claims in the past 5 years:  YES  NO  
Current insurance company: \_\_\_\_\_  
Good credit history:  YES  NO  
Canceled or non-renewed:  YES  NO  
-if yes why: \_\_\_\_\_  
ANY BUSINESS ON PREMISES:  YES  NO  
*(-if yes with foot traffic please describe)*

**AGENT QUESTIONS**

PROTECTION CLASS CODE: \_\_\_\_\_  
COVERAGES:  RC  ACV  
-DWELLING COVERAGE: \_\_\_\_\_  
-OTHER STRUCTURES: \_\_\_\_\_  
-PERSONAL PROPERTY: \_\_\_\_\_  
-LOSS OF USE / INCOME: \_\_\_\_\_  
DEDUCTIBLE REQUESTED: \_\_\_\_\_  
LIABILITY LIMIT REQUESTED: \_\_\_\_\_

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
APPLICANT / PRODUCER SIGNATURE & DATE: \_\_\_\_\_