

Date Received: _____ | Need By: _____ | Referred By: _____

Name: _____ Date of Birth: _____

If this property be owned in the name of a Trust, Corporation or LLC please provide name:

Property Address: _____

City/State/Zip Code: _____ Phone: _____

Current Address: _____

Email: _____ Occupation: _____

Current Insurance Co: _____ Expiration or Closing Date: _____

Dwelling: \$ _____ Contents: \$ _____ Liability: \$ _____ Flood: \$ _____

Type of Property: Single Family Home / Townhome / Condominium / Mobile Home

Type of Occupancy: **Primary** / Secondary / **LT Rental** / ST Rental 7 days or more / **ST Rental Less than 7 days**

Min # of Days Rented: _____ # of Mths Occupied: _____ Managed by a Prop Mgmt Co? **YES or NO**

Property Mangement Co: _____ **Contact Number:** _____

Yr Built: _____ Heat Sq Ft: _____ Non Heat Sq Ft: _____ # of Stories: 1 2 3 | Wind Mit? **YES or NO**

Roof Covering: FBC or Non FBC | **Roof Deck:** A B C | **Roof to Wall:** Toe-Nail Clips Single Straps

Roof Shape: FLAT GABLE HIP | SWR or No SWR | **Opening Protection:** Level A Level B Level C or NONE

Type of Construction: **FRAME** / FR-STUCCO / **FR-HARDI-PLANK** / MASONRY / **SUPERIOR** / Other: _____

Type of Roof Material: **TILE** / METAL / **SHINGLE** / OTHER: _____ | Age of Roof: _____

Type of Foundation: OPEN / CLOSED / CRAWLSPACE / PILINGS / SLAB / OTHER: _____

(Townhomes and Condos Only)

of Units in Bldg: _____ # of Stories: _____ What floor is unit located? _____ How many units in firewall? _____

Please give details including year for any updates to Roof, Plumbing, Electrical, HVAC, Hot Water Tank or Other:

1. Have you had any losses at any property you own in the last 5 years? **YES or NO**
 - IF YES, provide details & date: _____
2. Do you have a pool? (Must be screened or have 4 ft self locking gate. No slides or diving boards) **YES or NO**
3. Do you have valuables, jewelry or collections that may need to be scheduled? **YES or NO**
(Limitations for theft exist in most homeowners policies. Additional coverage may be needed.)
4. Do you have a monitored central station fire and burglar alarm? Credits may be available **YES or NO**
5. Is this property located in a gated and/or guarded community? **YES or NO**
 - If YES, provide name of community _____
6. Do you have a dog, cat or other pet? **YES or NO**
 - If YES, please describe: _____
7. Do you have any detached structure on your property? Describe: _____ **YES or NO**
8. Would you like for us to quote FLOOD? **YES or NO**
(Flood coverage is NOT provided on homeowners, dwelling fire or condo unit owners policies.)
9. Would you like for us to provide options for your AUTO, UMBRELLA and LIFE? **YES or NO**

Additional Comments: _____
