

FORM MUST BE COMPLETED IN FULL [() Check Box (Please indicate your choice) (Y) (N) Select one] NOTE: ALL INFORMATION CONFIDENTIAL

PROPERTY SURVEY		WE ARE UNABLE TO PROVIDE A QUOTE WITHOUT COMPLETE INFORMATION			
Date		Service Rep/Producer		Referred by	
PROSPECT INFORMATION					
Name		Home Phone/Fax Email		Date of Birth SS #	
Occupation		Employer		Work Phone Work Fax # Years w/Employer	
Name of Spouse		Home Phone/Fax Email		Date of Birth SS #	
Spouse's Occupation		Employer		Work Phone Work Fax # Years w/Employer	
Address () Current/Past () New		City/County		State Zip	
DWELLING INFORMATION					
YEAR DWELLING BUILT ()		Acreage - 10 or More () Yes () No		Year Purchased () Type of Construction () Brick Veneer () Frame () Stucco	
# of Stories () Sq. Footage Ground () Sq. Footage 2 nd Story () # Families Occupying ()		() Primary Residence () Secondary Residence () HO-(B)road () Rental () HO-C (Limited) () Vacant/For Sale () HOBT (Tenant) () Under Construction		Roof Roof Type _____ Age of Roof _____ Slab Type _____ Dogs () Yes () No If Yes, Breed: Claim Loss/Bite/Attack () Yes () No If Yes, Explain	
# of Fireplaces		# of Bedrooms # of Baths		# of Cars 1 2 3 4 Other () Own All-terrain vehicle Indicate () Garage () Carport () None () Attached () Detached () Built In	
Porches: () Open () Enclosed Sq. Ft. Sq. Ft.		() Balcony () Deck Sq. Ft. Sq. Ft.		Special Rooms/Upgrades () Other/Explain () Other/Explain () Business on Premises () Bankruptcy Past 5 Years () Felonies	
Distance to Nearest Fire Hydrant		Number of Miles to Fire Station Responding Fire Department		Inside City Limits () Yes () No Outside City Limits () Yes () No Miles ()	
Swim Pool () Yes \$ _____ () No If Yes: () Fenced () Above Ground () In Ground () Slide () Diving Board		Trampoline () Yes () No		If Property Over 30 Years Old, MUST HAVE UPDATE INFORMATION AND DATE Roof _____ Plumbing _____ Wiring _____ Heating/AC	
Alarm System () Yes () No If Yes, Monitored () Yes () No Credits: () Dead Bolt Locks () Fire Extinguisher () Gated Community () Other		Had A Claim Last 3 Years?(If Yes, Explain) () Date (\$) Amount Paid			
CURRENT INSURANCE INFORMATION					
Current Home Insurer/Company How Long?			Policy Number and Effective/Expiration Dates		
Mortgagee (1) (2)		Auto Insurer/Company			
LIMITS OF COVERAGE REQUESTED					
Liability () 300,000 () 500,000		Medical Payments () 5,000 () Other Coverage _____		Endorsements() _____ () _____ () _____	
Deductible 1 () Windstorm, Hurricane, Aircraft, Riot, Vehicles Land, Explosion, Smoke		() _____ () _____ () _____			
Deductible 2 () All Other Perils					
PROPERTY CLOSING INFORMATION (IF APPLICABLE COMPLETE CLOSING INFORMATION)					
Closing Date or Effective Date of Policy		Title Company		Ph # Fax # Contact Name	
Legal Description/Subdivision		Purchase Price \$		Loan Amount \$ Current Dwelling Coverage Amount \$	
				NOTE: TO AVOID PENALTY INSURE TO 100% REPLACEMENT COST	

