

Producer:

HOMEOWNERS & DWELLING FIRE WORK SHEET

Attorney's Office:

Insured's Name: _____ (Insured #2) _____

Property Address: _____

Email Address: _____

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

SSN: (Insured #1) _____ (Insured #2) _____

(Insured's) Date of Birth: _____ (Insured #2) Date of Birth: _____

Insured's Occupation: _____ (if Military, Rank) _____ # of Years _____

Insured #2 Occupation: _____ # of Years _____

Type of Insurance Requested: HO-3 HO-4 HO-6 DP3

Effective Date of Coverage: _____ Amount of Insurance \$ _____

Mortgagee: Name: _____ LOAN# _____

Address: _____

Previous Insurance Carrier & Policy # _____

Fire District: _____ Inside City Limits of: _____

DWELLING INFORMATION

Year Built: _____ Exterior Walls: Frame Brick/Masonry Brick/Masonry Veneer Modular

Occupied By: Owner Tenant Other: _____

Type of Heating System: Heat Pump Electric Gas Pack Oil Other _____

Central Air Conditioning & Central Heating? YES NO Built on: SLAB Crawl Space

Number of Stories: 1 1 1/2 2 3 Bi-Level Tri-Level

SQUARE FOOTAGE: _____ Basement? YES NO Attic? YES NO Finished Unfinished

Number of Bedrooms _____ Number of Bathrooms? FULL _____ Half Baths _____ Den or Study _____

Living Room Great Room Kitchen Dinette Laundry Room Utility Room Entrance Hall or Foyer

Fireplace(s) _____ Masonry or PreFab Fireplace? _____ Chimney(s) _____ Hearth(s) _____

Swimming Pool? YES NO Garage: 1-Car 2-Cars 3-Cars Built In Detached

Carport: 1-Car 2-Cars Smoke Alarms: _____ Burglary Alarm? Central Station Local Gong

Chain Link Fenced Yard? YES NO Dwelling Condition: Excellent Very Good Good Average Fair

Walk-In Closets _____ Sun Deck/Porch (size) _____ Year of Roof _____

Updates: Wiring Year _____ Plumbing Year _____ Heat/Air Year _____

Any dogs? YES NO, if yes, BREED _____ Any Bite History? YES NO

Prior LOSSES: _____