Referred By:\_\_

**HOME INFO Best Phone**:

\_ \_

Today’s Date: Circle One: Cell Home Work

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ **DOB: Occupation:**\_ \_ **Level of Education:** \_

**SSN:**\_

**Email address**: \_\_\_\_ **Driver’s License #** \_

## SECOND NAMED/INSURED(SPOUSE):

**DOB**:

**SSN**:

#### Occupation: Level of Education:

**Driver’s License #** \_\_ \_

**PROPERTY ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Years owned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Purchase/Closing Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchase Price: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If less than 2 years, Prior Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**


# Mortgage or Additional Interest Info:

#### Mortgage Lender/Addt’l Insured Name: \_ Loan #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Mortgage/Equity Lender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Loan # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Homeowner’s Policy:** Escrow Billed | or | Self -Pay | **If Self-pay**, Pay in full or installment plan?  |
| **Main Info : Year Built:**  |  |  |  **Square footage (not incl. basement):**  |

* **Ranch** ☐ **Colonial** ☐ **Other (please describe)**:

**Foundation:** (check all that apply) ☐Basement ☐Slab ☐Crawl ☐Half basement/half slab

* + Walk-out ☐Day-light Percentage of basement finished %

**EXTERIOR:** % of Brick % of Vinyl % of Aluminum % of Wood % of Other

**Age of Roof:**

* Composite/asphalt ☐ Architectural Shingle ☐ Metal ☐Other

### **Garage:** ☐Attached ☐Detached ☐ Carport ☐ No garage # of Cars

**HVAC/FUNCTIONAL:**

**Heating:** Age of heating unit:

Natural Gas? If no, please describe:

Supplemental Heating: # of gas Fireplaces: # of wood fireplaces: Wood burning stove?:

**Cooling:** Age of AC Unit: No AC Central Wall Unit

## # of residents under the age of 18:

**ADDITIONAL INFO**

**Is there a Pool?** Yes / No

In or Above Ground: Diving Board?

**Hot Tub?** Yes / No

**Trampoline?** Yes / No

Any residents Smoke: Yes / No

Fenced in?

Size in sq ft or diameter? Slide?

Fenced in?

Is there a Safety Net? Yes / No

Opposed to removing Trampoline if necessary? Yes / No

**Any dogs on premises?** If yes, how many and what breed? Any bite history? Yes / No

Any other animals or exotic species: Any hooved animals or farm animals (ex: horses, pigs, chickens, chicks, cows, etc.). If yes please list number and type

**SECURITY:**

**Burglar alarm system**: Yes /No Reports to Central Station? Alarm Certificate? Yes / No

**Fire Alarm:** Yes / No Reports to Central Station?

Smart Smoke Detectors: **Yes / No**

**Motion Sensing Cameras?** with Data Sharing to Online Service/Cloud Storage? Monitored with an app?

**Any Updates to:** (please list year)

#### Plumbing Electrical Kitchen/Bath

**Recent Renovation Permits Pulled?** Yes / No **PERMIT DATE** For?

# INTERIOR:

## # of Bathrooms:

# **Half Baths**:

## # of ¾ Baths:

of Carpet:

%

**Interior Flooring:**

% of Hardwood:

% of Laminate:

% of Tile

% of Vinyl:

|  |  |  |  |
| --- | --- | --- | --- |
| **Kitchen Check Finish Level** | * Custom
 | * Semi-Custom
 | * Standard
 |
| **Bath Finish Levels** | * Custom
 | * Semi-Custom
 | * Standard
 |

Any: Crown/ornate molding Approx Linear Footage of molding:

Describe any custom finishes

## Attached Structures:

**FRONT PORCH (even if raised cement slab):** sq ft

### **DECK**: sq ft ☐Wood ☐Composite

**PATIO:** sq ft

**SUN ROOM** sq ft

**RAMPS:** sq ft

**Detached structures:** Shed sq ft Barn: sq ft Pole Barn sq ft Heated? Yes / No

## Doors/Windows:

### # of Sliding Doors: #Bay/Box windows:

# of Solar Panels: # of Skylights:

# of Stained Glass Windows:

 **\*\*ANY PROPERTY CLAIMS FILED IN PAST 5 YEARS** (Prior Homes Included). If yes, please date, amount and type of claim:

\_

#### HOME BASED BUSINESS:

Do you run a business out of the home? Type of Business**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do clients/customers come to the home?\_ What % or sq.ft. of the home is used for business purposes? \_

Please list any additional information or home features not described

# \*\*\*PLEASE COMPLETE THE FOLLOWING AND SEND A COPY OF CURRENT POLICY DECLARATIONS

### SO THAT WE CAN MATCH COVERAGES AND APPLY ANY ADDITIONAL ENDORSEMENTS and ELIGIBLE DISCOUNTS FOR THE MOST ACCURATE COMPARISON QUOTE\*\*:

**Current Homeowner’s Insurance Policy Carrier:**

Policy Term Dates: Annual Premium: Coverage A/Dwelling: Coverage B/Other Structures: Coverage C/Pers Prop : Extended Dwelling Coverage: Yes / No Water/Sewer/ Sump Back up: Yes / No Umbrella Policy: Yes / No

Percentage Amount:

**# of years with this Carrier:**

Deductible: Personal Liability:

Medical Payments to Others:

Loss of Use:

Umbrella Amount:

 Valuable Personal Property needing additional coverage. Describe and List Amount Covered/Needed or attach recent appraisal: Jewelry Camera Equip Music Equip Collection/s Other

# \*\*\* Exterior Inspections will be performed by all carriers. Please be as accurate as possible\*\*\*