

Insured Information:

Today's Date: _____

Name: _____ D.O.B. _____

Address: _____

Other Named Insured _____ D.O. B. _____

Relationship _____ Phone # _____

Current Insurance:

Current Insurance Carrier: _____

Renewal Date: _____ Annualized Premium _____

Mortgagee: Yes or No

Prior Claims:

Losses Submitted Within Last Five Years _____

Value: _____ Cause: _____

Current or Desired Coverage:

Dwelling _____ (Coverage A)

Other Structures _____ (Coverage B)

Personal Property _____ (Coverage C)

Additional Living Expense _____ (Coverage D)

Personal Liability _____ (Coverage E)

Guest Medical Payments _____ (Coverage F)

Deductible _____

Optional Coverages _____

Age of Roof _____

Examples: Boats, jewelry, guns etc...

Protective Devices: Smoke Detectors Dead Bolt Locks Fire Extinguishers

Central Alarm/Security Systems: _____

Underwriting: Pools/Dogs/Fireplaces/Stoves _____

Form is for informational purposes only. Policy documents will be reviewed to verify final coverage.