

# Homeowner/Rental Property Form

Client/Prospect				Property Address		
<b>Name</b> _____ <b>Cell phone</b> _____ Business phone _____ Email _____ HO/Renter _____ SSN _____ DOB _____				<b>Street</b> _____ City _____ Zip code _____ County _____ Yrs at current add. _____ Prior address: _____ Yrs _____		
Occupants						
Tenants	DOB	M/F	Relationship	SSN	Occupation	
Dwelling Description				Condition of Property		
<b>Property Valuation</b> Purchase price _____ Land Value _____      No. of acres _____  <b>Home Updates</b> <b>CH: gas/electric</b> _____      Yr. elec. _____ Air: CA/WU _____      Circ. breaker _____ Floor furnace _____ <b>Yr. H/A</b> _____ <b>Fireplace/stove</b> _____      Yr. plumb. _____ <b>Garage: # , A/D</b> _____      Sump pump _____ <b>Trampoline</b> _____      Firewalls _____ <b>Pool: fen/sli</b> _____ <b>L/C alarm</b> _____ Decks _____      Gated comm. _____ Det. struc. _____      Deadbolts _____ Fam. units _____      Smoke detector _____ <b>Found. type</b> _____      Fire extinguisher _____ Special features _____				Year Home was Built	Roof Type	Year of Roof Rplacement?
				Open Claims		
				Open Claims? _____ Date? _____		
				Mortgagee/Closing/Realtors		
				<b>*Mortgagee company</b> _____ Phone _____ Email _____		

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Miscellaneous Information	Coverage Options		
<input type="checkbox"/> Felony/fraud last 10 yrs _____  <input type="checkbox"/> Dangerous pets What kind? _____ _____  <input type="checkbox"/> <b>Dogs (#):</b> _____ What Breed? _____ _____  <input type="checkbox"/> Farm animals: Breed? _____	<input type="checkbox"/> Vacant For sale _____ For rent _____ Renov. _____ Occupy _____  <input type="checkbox"/> Own other prop.? _____  <input type="checkbox"/> Business on premises What kind? _____ _____	<input type="checkbox"/> Building extension <input type="checkbox"/> Business pursuits <input type="checkbox"/> Computers <input type="checkbox"/> Identity theft <input type="checkbox"/> Earthquake <input type="checkbox"/> Fine arts <input type="checkbox"/> Guns <input type="checkbox"/> Flood <input type="checkbox"/> Scheduled Personal Property <input type="checkbox"/> Collectibles _____ _____ _____	<input type="checkbox"/> Jewelry <input type="checkbox"/> Lock replacement <input type="checkbox"/> Home day care <input type="checkbox"/> Office/studio/school <input type="checkbox"/> Silver/goldware <input type="checkbox"/> PUP <input type="checkbox"/> Home Owners Association Loss Assessment <input type="checkbox"/> Fire Department charges _____ _____ _____

**Signature**

I certify that the information provided above is true and accurate to the best of my knowledge. I authorize a soft inquiry (soft pull) of my credit report for eligibility and verification purposes. I understand that my signature below constitutes my acknowledgment of this certification and authorization.

Signature \_\_\_\_\_

Date \_\_\_\_\_ Referred By \_\_\_\_\_

**To provide you with the most accurate quote, please send your current insurance declaration pages.**