

## PERSONAL INFORMATION

Name:	
Address:	
City:	State:  Zip:
Day Phone:	Night Phone:
Best Time To Call:	AM      PM
Email Address:	

Occupation:	How Long At Current Job:
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## CURRENT HOMEOWNERS INSURANCE INFORMATION

Company Name <i>(not agency)</i> :	
Policy Expiration Date:	
Premium Amount:	\$
Amount Insured For:	\$
Policy Type:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
Term:	<input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> Other:

## HOME INFORMATION

How Long At Present Address:	
Year Home Was Built:	
Sq. Footage (excluding basement):	sq. ft.
# of Claims In Last 3 Years:	

## STRUCTURE INFORMATION

Type	Construction	Roof	Foundation	Garage
<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>
		Age of roof: yrs.		<input type="text" value="v"/>

## FEATURES

Bathrooms	Basement	Deck/Porch/Patio Sq.Ft.	Fireplaces
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# Full:	Type: <input type="text" value="v"/>	Deck:	# Chimneys:
# Half:	Square Feet:	Porch:	# Hearths:
		Screened Patio:	<input type="checkbox"/> Gas <input type="checkbox"/> Wood

## ADDITIONAL FEATURES

Heating System	Central Air	Swim Pool	Hot Tub	Security Alarm	Fire Alarm	Smoke Detector
<input type="text" value="v"/>	Y	Y	Y	<input type="text" value="v"/>	<input type="text" value="v"/>	Y
	N	N	N			N