Homeowners Information

Named Insured: _____ Social Security #: _____ DoB: _____
Spouse: _____ Social Security #: _____ DoB: _____

Address: _____
Previous Address: _____
Phone #: _____

Value of home:

Year Built:

Construction (Brick Veneer, Frame, Asbestos, Stucco, etc.)**:**

Foundation (Concrete slab, Pier and Beam, etc.):

Square Footage:

Type of Roof (Comp, Wood, etc.):

Fireplace (circle one): **Yes** **No**

Basement (circle one): **Yes** **No** **Square Feet:**

# of Bathrooms :

Garage (check one): **Attached 1-car ___ 2-car ___** **Detached 1-car ___ 2-car ___**
Carport 1-car ___ 2-car ___ **Other** (explain): _____

Claims:

Date	Type (Hail, Theft, Vandalism, etc.)	Amt. paid if known
_____	_____	_____
_____	_____	_____
_____	_____	_____

Year of Updates (if built before 1980):

Roof:
Plumbing:
Electrical:
Heating:

Current Premium: **Current Carrier:** **Expiration Date:**

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