

Date: ___/___/___

HOMEOWNERS PROFILE

Need By: ___/___/___

Name _____		Email Address _____		Producer _____	CSR _____
Street Address _____		City _____		State _____	Zip _____
Home Phone _____		Work or Cell _____		Fax _____	
Occupation of Insured _____		Date of Birth _____	Soc Sec # _____	Commercial Account/ Cross- Reference / Referred by _____	
Occupation of Spouse _____		Date of Birth _____	Soc Sec # _____	Group? AARP/ Alumni/ Credit Union/ GMAC/ Sam's Club _____	
Mortgage Company _____		Current Carrier / Premium _____		Expiration Date _____	Current Dwelling Cov _____
				Market Value _____	

Policy Type: Homeowners / Condo / Rental Dwelling # of units in building: _____ Rental Dwelling only, monthly rent: _____

Year Built _____ **Total Sq Ft** not incl bsmt _____ 1 1 ½ 2 Bi-lev Tri-lev Alum /Brick-Veneer/EIFS/Vinyl/ _____ slab/crawl/basement
of stories/home style construction material (other?) foundation

Basement: %Finished _____ Walkout? _____ **Garage:** attached/detached brick/frame # of cars _____ **Breezeway sq ft:** _____

Porch: sq ft _____ open/enclosed **Deck(s):** sq ft _____ sq ft _____ **Baths:** # _____ full # _____ half

Central Air: Yes / No **Fireplaces:** # natural _____ # gas _____ **Sliding Glass Doors:** # _____ **Skylights:** # _____

Bay/Bow Windows: # _____ **Floor Coverings:** carpet/ carpet over hardwood/ hardwood/ laminate/ marble/ ceramic/ other _____

Overall Construction Quality: basic/standard semi-custom custom designer **Heating Type:** baseboard/ gas/ oil/ radiant

Additional/Special/Unique Features: _____

Pool: Yes / No in-ground / above ground Yard or Pool Deck area fenced? _____ Slide? _____ Diving Board? _____

Safety Devices: smoke det. dead bolts fire extinguisher **Alarm:** local sounding direct to fire/police centrally monitored
(ADT, Brinks, Guardian, etc)

Smokers: Yes / No **In-Home Business?** (type? Covered elsewhere?) _____

Liability exposures: (RV's, trampoline, pool, pets, water access) _____

Year of Renovation/Update: Heating _____ Roof _____ Electric _____ Plumbing _____

Prior Claims? (when, what, amount paid?) _____

Liability: 100,000 300,000 500,000 1,000,000 **Med Pay:** 1,000 2,000 3,000 5,000 **Deductible:** 500 1000 2500

Scheduled Items:

Jewelry \$ _____	Firearms \$ _____	Cameras \$ _____	Computers \$ _____
Furs \$ _____	Silverware \$ _____	Golf Equip. \$ _____	Music Equip. \$ _____
Fine Arts \$ _____	Hearing Aids \$ _____	Antiques/Collectibles \$ _____	

Additional Lines to quote? Umbrella Life Disability Long-Term Care Home profile ed. 3/01/07