

Personal Property

Client Information

Name:	Insured DOB:
Address:	Spouse DOB:
City/State/Zip:	Insured SS#
Home Phone: Cell:	Spouse SS#
Email Address:	Animals:

Property Information

Deed Holder/Trustee?

Construction – Masonry/Frame _____	Year Constructed/Sq. Feet _____
Hydrant Distance _____ Fire Dept. _____	Alarm Systems _____
Woodstove/Fireplace _____	Pond/Pool/Trampoline _____
Fencing _____	Other Structures _____ Type _____
Owned/Rented-Boats/Motor _____ HP _____	HO/Condo Association _____
Woodstove Installed By Licensed Contractor? _____	Electrical Service _____ AMPS/Year of Update _____
Electrical _____ Roof _____	Plumbing _____ Heating _____
Bsmt type _____ Finished _____	Sump Pump _____ Sewer Backup _____

Current Insurance

Previous Policy Cancelled/Non-Renewed? Yes No Home Expiration _____ Auto Expiration _____

Current Insurer _____ Premium \$ _____

Losses: _____

Dwelling/Form: \$		Personal Property: \$
Add'l Living Exp: \$	Personal Liability: \$	Medical Expenses: \$
Property Deductible: \$	Replacement Dwelling:	Replacement Personal Prop.
		Fine Arts:

NOTES: