

HOME

New Purchase / Currently Own _____

Fill in blanks for all that apply:

DATE: _____

Referred By: _____

Name: _____

Spouse: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Year of Construction: _____

Parish: _____

Construction Type: FRAME/ MASONARY VENEER/ LOG _____

Deductible: \$ _____ Wind/Hail, Named Storm, Hurricane Deductible: \$ _____

Dwelling Coverage or Purchase Price Amount: \$ _____ Contents Coverage Limit: \$ _____

Liability Limits: \$ _____ Medical Payments: \$ _____

Alarm Credits: FIRE EXT/ SMOKE ALARM/ DEAD BOLTS/ CENTRAL ALARM/ BUGLAR ALARM/ FIRE ALARM _____

Jewelry Value: \$ _____ Fur Value: \$ _____ Other: \$ _____

Water Craft Liability: \$ _____ Physical Damage: \$ _____

Pool: YES NO Diving Board _____ Fence _____ Slide _____

Pets: YES NO Breed _____ Any Biting History _____

Trampoline: YES NO Porch / Patio or Deck: _____

INSURED:

SPOUSE:

DATE OF BIRTH _____

DATE OF BIRTH _____

SSN: _____

SSN: _____

OCCUPATION: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER: _____

HOW LONG W/ EMPLOYER: _____

HOW LONG W/ EMPLOYER: _____

DWELLING

Number of Stories: _____ Square Footage Ground Floor: _____ Upstairs: _____

Number of Baths: _____ Number of Bedrooms: _____

Carport / Garage: Number of Cars: _____ Attached / Detached Central Heat and Air: YES NO / GAS ELECTRIC

Fireplace: Wood Burning / Gas / Electric _____ Roof Type: Hip / Gable _____ Shingles / Archit Shingles / Metal _____

Foundation: Slab / Craw Space / Piers / Concrete Blocks _____ #of Feet under House? _____ Enclosed / Open _____

Updates if over 20 years old: Roof _____ Plumbing _____ Electrical _____ Heat/AC _____

Kitchen & Bathroom Counter Tops: Granite / Formica / Ceramic Tile / Concrete _____

Special House Upgrades: _____

Claims in last 3 years _____ (Please list claim dates and amounts)

Currently being Non-Renewed: YES NO

Flood Required: YES NO