Solution One Insurance, LLC office: (713) 466-0335 info@solutiononeinsurance.com

EFFECTIVE DATE:	

APPLICANT INFORMATION: Type: Individual Business Estate/Trust Email Address: First Name: DOB: SSN: SSN:								
Type: ☐ Individual ☐ E	Business ⊔ E a l	state/Trust	Email Addres	SS: DOR [.]	SSI	N·		
Gender: □ Male □Fen	nale Oc	cupation:	Primary Phone:					
Prior Carrier:		'	Prior Premiu	m:				
Prior Carrier: Prior Premium: Retired: □ yes □ no smoker: □ yes □ no Would you like paperless documents? □ yes □ no								
LOCATION INFORMATION:								
Street Address	Apt #		City	State	Zip	County		
Distance to Coast/Lake/F	River:	_ Distance to	o fire hydrant:	ft	Distance to fi	re station:	mi	
RISK INFORMATION	ON.							
Usage: Primary								
Fraud Convictions:	Бапки	upicy w/iii /	years					
LIMITS: Dwelling: Per. Liab.:	Other Struct Med Pay: _	ures:Wi	Personal nd Ded:	Property: _ _ □ exclude	Lose wind AOP de	ss Of Use: _ ed.:		
OPTIONAL COVE □Increased Replacem □Special Limits Cover □Foundation Coverag □Mold, Fungi or Other □Water backup 5k/10l □Watercraft Liability □ International Waters Engine: □in □out □in/	ent Cost: ☐ rage C: <u>All Ite</u> e ☐Schedul Microbes Co k/25k ☐Sailboat (No	ems or <u>Jewe</u> ed Personal overage→ A o Aux Powe	Iry Only □Col Property □Do mount or Perc	mputer Cov g Liability b entage of C Watercraft D	erage □Limite uyback 25k/10 overage A: 5k/ □Paid Crew □l	d Water Dar 00k/300k /25%/50%/1	mage	

For a firm quote please fill out entirely and/or send me a copy of your current declaration page.