



Home Insurance Fact Finder
mail or Fax Completed Form
info@michellecrawfordbenefits.com
Fax: 706-568-9979

General Information

Name: _____ SSN: _____
Home Phone: _____ Work Phone: _____
Email Address: _____
Property Address: _____
Mailing Address: _____
Occupation: _____ Date of Birth: _____
Co – Applicant: _____ SSN: _____ Date of Birth: _____

Current Insurance Information

Company Name: _____ Annual Premium: _____
Years with current insurance carrier: _____
Dwelling Amount: _____ Contents Amount: _____ Liability Amount: _____
Medical Amount: _____ Deductible Amount: _____ Expiration Date: _____
Any claims in last 5 years? _____

Home Property Information

Year Built: _____ Square Footage: _____ Construction: _____ Stories: _____
Purchase Price: _____ Purchase Date: _____ Roof Type: _____ Foundation Type: _____
Age: _____ Bedrooms: _____ Bathrooms: _____ Half: _____ Full: _____
Car Garage: _____ Attached: _____ Detached: _____ Built In: _____
Updates to home? Circle all that apply: Heating, electrical, roof, or plumbing
Other: _____ Dates of updates: _____
Porches? _____ How Many? _____ Type: _____ Fire Place: _____ How Many? _____
Pool: () Yes () No Diving Board: () Yes () No Slide: () Yes () No Fenced: () Yes () No
Trampoline: () Yes () No Is There A Net? () Yes () No
ATV's: _____ Pets: _____ What Kind? _____
Alarm System: () Yes () No Monitored: () Yes () No If Yes By Who? _____
Distance to Fire Hydrant? _____ Distance to Fire Station in Miles? _____
Responding Fire Department? _____

Visit our Website at www.michellecrawfordbenefits.com for additional sales tools.
Michelle Crawford Benefits Consulting
2223 Brookstone Centre Pkwy Ste. A
Columbus, GA. 31907
706-257-5073