



BROKER: Rosella A. Galindo (915) 633-4874

Home Data Sheet

Name: _____ DOB _____ DL# _____

Spouse: _____ DOB _____ DL# _____

Address: _____ City _____ State _____

Phone: _____ Mobile: _____

If Change of Address, please add OLD address: _____

Email Address: _____

Property: _____

Square Ft.: _____

Stories: _____

Roof Type: _____ Condition: New Good Fair

Year Replaced: _____

Electrical Updates: _____ Plumbing Updates: _____

Are you the Homeowner: _____

Previous Insurance Carrier in the last 6mo: _____

Lien Holder: _____

EFT: Yes No

Bank: RT/CK- _____

Comments: _____
