## General Information Last Name First Name DOB Phone Spouse DOB Phone / / City, State, and Zip Home Address Expires (mm/dd/yyyy) Current Insurance Company (not agent) Residence Information Property Address, if different from above This is my: secondary rental home primary Year built garage is: attached detached sq feet Exterior brick vinyl aluminum cement block # stories slab basement finished % crawl # baths fireplace deck porch # claims/incidents in the last 5 years: have fire hydrants near (within 1000 feet) my home do don't Name of primary responding fire department: I have: dead-bolt locks smoke detectors fire extinguisher central station burglar alarm monitoring company fire alarm monitoring company Coverage Information **Dwelling** \$ Liability \$ .000 Other Structures \$ Medical Payments \$ ,000 Personal Property Deductible Loss of Use \$ I have trampoline musical instruments boat dog pool

(circle

all that

apply)

RV

**ATV** 

Cycle

reptile

trampoline

pond

wood stove in home business

space heater

jewelry

guns

furs

fine arts

## Disclosure and Authorization

| We use information from you and other sources, such as your driving, claims, and credit |
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| nistories, to calculate an accurate price for your insurance. New or updated            |
| nformation may be used to calculate your renewal premium. We take your persona          |
| nformation seriously, and only disclose what is absolutely necessary to obtain the most |
| avorable pricing for you.   |
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| I understand that credit, claims, or other incomy inquiry or application for insurance. | quiries may be obtained in connection with |
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| <br>Date  |  |