



## Homeowners Policy Indication of Coverage Request

AGENT:	AGENT #:	PHONE:	EMAIL:
<b>Name:</b> _____	<b>STREET ADDRESS:</b> _____		
<b>DOB:</b> _____	_____		
<b>SSN #</b> _____	_____		
			CITY STATE ZIP CODE
<b>Mortgagee:</b> _____	<b>PHONE NUMBER:</b> (____) _____		
<b>Who pays insurance? Mortgage company</b> _____	<b>Email Address</b> _____		
<b>Owner</b> _____	<b>Client Contact Method</b> CGM okay to Call/Email: Yes _____ No _____		
<b>*Need full mortgage clause and loan #</b>	Contact with Agent Only: _____		

*Only fill out the below information if CGM does not have permission to contact client directly*

<b>Style of home:</b> _____	<b>Kitchen: Basic</b> _____ <b>Custom</b> _____
<b>Number of Families:</b> _____	<b># Bedrooms:</b> _____
<b>Owner Occupied:</b> Yes _____ No _____	<b># Bathrooms: Full</b> _____ <b>3/4</b> _____ <b>1/2</b> _____
<b>Year Built:</b> _____ <b>Stories:</b> _____	<b>Garage: # of Cars</b> _____ <b>Attached:</b> _____ <b>Detached:</b> _____
<b>Year Remodeled:</b> _____	<b>Porch/Deck: Attached</b> _____ <b>Detached</b> _____ <b>Sq. Feet:</b> _____
<b>Square Feet:</b> _____ (not including basement)	<b>Pool:</b> _____ <b>Fenced:</b> _____ <b>Diving Board:</b> _____
<b>Exterior Walls:</b> _____	<b>Trampoline:</b> _____ <b>Fenced/Enclosed:</b> _____
<b>Roof type:</b> _____	<b>Electric Circuit/Breaker Present:</b> _____
<b>Dwelling type:</b> _____	<b>Attached/Detached Structures:</b> _____ <b>Sq. Feet:</b> _____
<b>Basement:</b> Yes _____ No _____ <b>If Yes, Finished:</b> _____	<b>Homeowners Endorsement (Yes/No):</b> _____
<b>Foundation:</b> _____ <b>Basement</b> _____ <b>Slab</b> _____ <b>Crawl Space</b> _____	<b>Alarm:</b> _____ <b>Monitored:</b> _____
<b>Main Heat Type:</b> _____	<b>Smoke Detector:</b> _____
<i>If Oil: Age of Tank</i> _____ <i>Above or Below Ground:</i> _____	<b>Dogs:</b> _____ <b>Breed:</b> _____
<b>Roofing:</b> _____ <b>Year Update:</b> _____	<b>Smoker:</b> _____
<b>Plumbing:</b> _____ <b>Year Update:</b> _____	<b>CA Only: Earthquake retrofitting if home built prior to 1980?</b> Yes/No
<b>Electrical:</b> _____ <b>Year Update:</b> _____	<b>Fireplace:</b> _____ <b>If Yes, Gas or Wood Burning?:</b> _____
<b>Heating :</b> _____ <b>Year Update:</b> _____	<b>Brush Clearance:</b> _____ <b>feet</b>
<b>Current Approx. Value:</b> _____	<b>If Oil: Age of Tank</b> _____ <b>Above or Below Ground:</b> _____