## **INSURANCE SERVICES OF THE WEST** HOMEOWNERS PERSONAL PROPERTY / LIABILITY APPLICATION FORM PERSONAL INFORMATION Best Contact: Phone () Email () Name: Date of Birth: Driver Lic#: Email: Marital Status: **Phone:** Is property primary If rental, are renters required to have renters' Is it a rental? residence? insurance? **Property Address:** (Street and unit#) City: State: **ZIP Code: Purchase Date:** Move-In Date: Interested in Automobile insurance? Y or N ( ) (month/year) Mailing Address (If different than property): City: State: **ZIP Code: DWELLING INFORMATION (ENTER WHAT YOU CAN) Home Year Built:** Square Footage: Number of Stories: **Roof Type:** Pool: () Y () N--- is it Fenced () Y () N **Estimated Reconstruction** Any Pets in the House: Central Alarm () Local () Value: ()Y()N Garage Type (attached, Year of Upgrades to detached carport, HVAC, Electrical or Alarm: () Burglar () Fire underground): **Plumbing:** Flooring: # of Bed/Bath: Gated/Guard Community: ()Y () N **CURRENT POLICY INFORMATION** Current Insurance Carrier (if you have insurance): **Renewal Date:** Premium: Any claims? Year/Mo of claim: **COVERAGE OPTIONS Dwelling Coverage Amount: Personal Property Coverage Limit:** Loss Assessment (\$5k, \$10k, \$20k, \$50k): Loss of Use (\$10k, \$20k, \$50k): **Personal Liability Coverage: Umbrella** (UMB/*Extra liability-suggested for rentals*): () \$300,000 () \$100,000 ()\$500,000 ()Y()N Deductible: () \$500 Smoker: () Y () N Additional Jewelry Coverage: () Y () N () \$1000 () \$2,500

Email or Fax Application to:

AccountManager@HOAspecialist.com OR Fax: (310) 300-1817