

INSURANCE SERVICES OF THE WEST
HOMEOWNERS PERSONAL PROPERTY / LIABILITY APPLICATION FORM

PERSONAL INFORMATION

Name:		Best Way to Contact: Phone Call () Email ()	
Date of birth:	Marital Status:	Email:	
Property Address:			
City:	State:	ZIP Code:	
Primary Phone:	Alternate Phone:	Interested in Auto & Home Package Y or N	
Occupation:	Employer:	Number of years with employer:	
Purchase Date:	Move In Date:		

DWELLING INFORMATION

Home Year Built:	Square Footage:		
Number of Stories:	Roof Type:	Pool: () Y () N--- is it Fenced () Y () N	
Estimated Value:	Any Pets in the House: () Y () N	Central Alarm () Local ()	
Garage Type:	Year of Upgrades:	Alarm: () Burglar () Fire	
Flooring:	# of Bed/Bath:	Gated/Guard Community: () Y () N	

CURRENT POLICY INFORMATION

Current Insurance Carrier: none		
Renewal Date:	Premium:	
Any Claims:		
Details: n/a		

COVERAGE OPTIONS

Dwelling Coverage Amount:		
Personal Liability Coverage: () 100,000 () 300,000 () 500,000 () 1 Mil		Umbrella: () Y () N
Deductible: () 500 () 1000 () 2,500 () 5,000	Smoker: () Y () N	Additional Jewelry Coverage: () Y () N

Insurance Services of the West
Phone (310) 259-3366 Fax (310) 300-1817
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