

Home Insurance or Renters Insurance:

Property Information:

Address: _____

Yr of construction:			
Ground Floor Sq Ft:			
Type of Const:			
Siding Type:			
Basement:		Y or N	
Finished Sq Ft:			
Unfinished: Sq Ft:			
# of Bathrooms:	Full:	3/4:	1/2:

# of Stories	
Other Floor Sq Ft:	
Slab:	Y or N
Sq Ft:	
Crawl Space:	Y or N
Sq Ft:	
# Of Fireplaces	
# Of Fireplaces	

Garage: (circle) Attached Detached

Type of Roof:	
Patio/Porch:	Y or N
	Covered: Y or N
Alarm System:	Y or N
Smoke Alarms:	Y or N
Dog(s):	Y or N
Type	
Trampoline:	Y or N

# Of Cars:	
Age of Roof:	
# of Patios/Porch:	
Patio/Porch Sq Ft:	
Dead Bolts:	Y or N

# of Dogs:	
Dog Bite History:	

Quote Life Insurance: Y or N

Do either you or spouse smoke use tobacco; if so who: _____

If interested in other insurance or investment needs – Please explain:
