

# Homeowner Insurance Data

## Owner Data:

Names: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ ZIP: \_\_\_\_\_

## Home Data:

Square Footage: \_\_\_\_\_ Year Built: \_\_\_\_\_ # Stories \_\_\_\_\_

# Bedrooms: \_\_\_\_\_  # Bathrooms: \_\_\_\_\_  # ½ Bathrooms: \_\_\_\_\_

# Car Garage: \_\_\_\_\_  # Fireplaces: \_\_\_\_\_  Heating Source: \_\_\_\_\_

Air Conditioning: YES or NO   Roof Type: \_\_\_\_\_

Frame Construction: YES or NO   Foundation Type: \_\_\_\_\_

Exterior Construction Type: \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_

Alarm System: YES or NO   Dead Bolt Locks: YES or NO

Any Losses In The Last Three Years: YES or NO

Previous Insurance: \_\_\_\_\_

Close Of Escrow Date: \_\_\_\_\_