

NEW INSURANCE FOR HOMEOWNERS

Named Insured _____ Phone# _____

Address _____ Cell # _____

City/Zip _____ DOB _____ SS# _____

Spouse _____ DOB _____ SS# _____

Ages of Children _____

Address (if different) _____

Owner Occupied _____ Rental 1-4 unit _____

Wood _____ Brick _____ Other _____ Year Built: _____ Sq. _____

Cost of Dwelling _____ appraised/assessed Number of Stories _____

Garage # of cars _____ Attached _____ Detached Age / garage roof _____

Year of update to: Roofing _____ Electrical _____ Fuse or Circuit Breaker (circle)

Year of update to: Furnace _____ Gas _____ Electric _____ Boiler _____

Fireplace: Wood _____ NG _____ Alternate heat source Y/N

Own or operate: ATV _____ Snowmobile _____ Boat _____ Jet Ski _____

Yes/No Trampoline _____ Security System _____ Alarms/Extinguishers _____

Distance to hydrant _____ Ft. Firestation _____ Miles

Responding Fire Dept. _____

List Pet & Breed _____ Bite History? _____

FAX TO: 262-367-7659

COVERAGE LIMITS REQUESTED

Dwelling _____ Other Structures _____ Liability _____

Personal Property _____ Medical _____ Deductible _____

Water & Sewer Y/N Amount _____ Umbrella Y/N Amount _____

Scheduled: Jewelry Amount _____

Current Company _____ Exp. Date _____ Yrs. In Home _____

\$ Limits can be found on your current insurance Declaration page