

AGENT: Paul A. Fisher
Application for Homeowners Quotation

Date: _____

Applicant: _____
Co-Applicant: _____
Premises Address: _____

DOB: _____ SS# _____
DOB: _____ SS# _____

Mailing Address if different: _____

Phone/ Home: _____ Work: _____ Cell: _____
Fax: _____ E-Mail _____

Type of Policy/ Homeowner ___ Dwelling Fire ___ Tenant ___

Construction: _____ Year Built: _____
Stories: _____ # Families _____ #Units _____ Ground Floor Sq. Ft. _____
Finished Basement: _____ Porches: _____
Fireplace: _____ Decks: _____
No. of Baths: _____ Garages & Type: _____
Central Air Conditioning: _____ Heating: _____
Roof: _____ Plumbing: _____
Wiring: _____ Amps: _____ Swimming Pool: _____
Alarms: _____ Trampoline: _____
Deadbolts: _____ Any pets: _____

Fire Dept Name: _____ Distance: _____ Woodburner: _____
Fire Hydrant Distance: _____
Scheduled Items: _____

Any Loss in Past 5 years: _____
Current Carrier: _____
Dwelling: _____
Contents _____
Liability: _____
Deductible: _____

Policy # _____
Expiration Date: _____
Other Structures: _____
Med Pay _____

Mortgagee Name: _____
Loan # _____
Closing Date: _____
If insured bill # of payments: _____

Address: _____
Escrowed: Y ___ N ___