

**Homeowners New Business Work Sheet**

Name(s): \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security# \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Info:

Year Built: \_\_\_\_\_ Square Footage of Home: \_\_\_\_\_

Year of Any Updates to the following:

Heating System: \_\_\_\_\_ Electrical/Wiring System: \_\_\_\_\_

Roof: \_\_\_\_\_ Plumbing System: \_\_\_\_\_

Alarm Info, If Any:

Is it a Central Station Alarm? Y or N if Yes, name of company that monitors alarm: \_\_\_\_\_

Smoke Detectors? Y or N    Fire Extinguishers? Y or N    Deadbolts on Doors? Y or N

Type of Heat: Gas or Oil, If oil where is the Tank Located, above ground or in ground?

\_\_\_\_\_

Mortgagee Info, if any please include Loan #:

\_\_\_\_\_  
\_\_\_\_\_

Is it an Escrow Loan? Y or N

When was your home purchased? \_\_\_\_\_

Current Carrier Information, Name of Company: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

Current Dwelling Amount/Limit on policy: \_\_\_\_\_