

I am currently insured with \_\_\_\_\_ and have been since \_\_\_\_/\_\_\_\_/\_\_\_\_.

This is a new home purchase with a closing date of \_\_\_\_/\_\_\_\_/\_\_\_\_.

I am not currently insured.

In order to get an accurate quote with some of our companies, we may need to review reports about your credit history and claims experience. Do we have your permission to review these reports? \_\_\_\_YES \_\_\_\_NO

I am looking for insurance to cover : \_\_\_\_Home \_\_\_\_Mobile Home \_\_\_\_Modular \_\_\_\_Condo \_\_\_\_Renters

Property Address: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
\_\_\_\_\_ TN \_\_\_\_\_

Is your home within the city limits ? \_\_\_\_YES \_\_\_\_NO Distance to Fire Hydrant: \_\_\_\_\_ FT.

Servicing Fire Department: \_\_\_\_\_ Miles to Fire Dept. \_\_\_\_\_

Name: \_\_\_\_\_ \_\_\_\_Married \_\_\_\_Single

Current Address: \_\_\_\_\_ Phone:( ) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ TN \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home's Market Value: \$ \_\_\_\_\_ Year Built: \_\_\_\_\_

Home is mostly : \_\_\_\_Brick \_\_\_\_Wood \_\_\_\_Vinyl Siding \_\_\_\_Log \_\_\_\_Other

**IF HOME IS OVER 20 YEARS OLD -**

Has electrical been updated ? \_\_\_\_ Yes \_\_\_\_ No When? \_\_\_\_\_  
Has heating system been updated ? \_\_\_\_ Yes \_\_\_\_ No When? \_\_\_\_\_  
Has plumbing been updated ? \_\_\_\_ Yes \_\_\_\_ No When? \_\_\_\_\_  
Has roof been replaced ? \_\_\_\_ Yes \_\_\_\_ No When? \_\_\_\_\_  
Primary Source of heat/air - \_\_\_\_ ELECTRIC \_\_\_\_ GAS \_\_\_\_ PROPANE

Type of roof : \_\_\_\_ Asphalt \_\_\_\_ Wood Shingles \_\_\_\_ Other

Is there a swimming pool on the property ? \_\_\_\_ YES \_\_\_\_ NO

If so, does it have a four feet high fence completely around it, with a locking gate ? \_\_\_\_ Yes \_\_\_\_ No

Is there a trampoline on the property ? \_\_\_\_ Yes \_\_\_\_ No

Do you, or a neighbor own an animal with a reputation of being vicious ? \_\_\_\_ Yes \_\_\_\_ No

Do you own any special collections of personal property which need to be scheduled ? \_\_\_\_ Yes \_\_\_\_ No

If so, type and value: \_\_\_\_\_

Is the home protected by a fire and or burglar alarm system ? \_\_\_\_ Yes \_\_\_\_ No

If so, what type ? \_\_\_\_ Central Station \_\_\_\_ Local

**FOR MOBILE HOMES ONLY:** YEAR \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_

IS THE HOME TIED DOWN ? \_\_\_\_ YES \_\_\_\_ NO PERMANENT FOUNDATION? \_\_\_\_ YES \_\_\_\_ NO