

Date _____ *Name Insured _____ SSN1 _____ DOB1 _____
 *Agency/ Producer Name _____ SSN2 _____ DOB2 _____
 *Phone / Fax _____
 *Email Address _____

Home Owners	Dwelling Owner
Dwelling Tenant	Dwelling Renovation
Dwelling Seasonal	Dwelling Vacant
Tenant Short Term	Builders Risk
HO-4	MonoLine\Earthquake
HO-6	

Replacement Cost (If Eligible)? _____
 Protection Class _____
 Construction Type _____
 # of Families _____
 Square Footage _____
 Year Built _____
 # of Stories _____
 # of Acres _____

Updated	Date
Wiring _____	_____
Plumbing _____	_____
Heating _____	_____
Roof _____	_____

Animals on premises
 # of Animals _____ Breed _____
 Bite History _____

*Address		
*City, State	Mortgage	
Dwelling	Mortgage Name ↴	
Adj. Structures		
Contents		
L.O.R./A.L.E.		
Liability		
Med Pay		
Vacant	Length of Vacancy	
Vacant Reason		
Existing Fire Damage		

Fire Damage Comments _____

Do any of the following hazards exist? Trampoline Lake Pond Dock
 Swimming Pool Wood Burning Stove Farming or Hunting Activities

Reason for coming to CIU _____
 *Prior Current Carrier _____
 *Expiration Date _____
 Deductible _____
 Bankruptcy _____ If yes, discharge date _____
 Bankruptcy Reason _____
 Losses List Below...

<i>Date of Loss</i>	<i>Description / Cause</i>	<i>Amount</i>