

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...

Date of Loss	Description / Cause	Amount