



Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City ST ZIP

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Marital Status: _____

Occupation: _____

Location Information

County: _____ Inside city limits: _____

Name of community: _____ # of units in community: _____

Distance to fire department: _____ Distance to fire hydrant: _____

Home Information

Serial Number: _____ Make/Model: _____

Purchase Price: _____ Size (L x W): _____

Purchase Date: _____ Insurance Limit: _____

Risk Information

(Please check all that apply)

	Yes	No		Yes	No
Is the home skirted?	<input type="checkbox"/>	<input type="checkbox"/>	Home within 5 miles of ocean?	<input type="checkbox"/>	<input type="checkbox"/>
Is the home tied down?	<input type="checkbox"/>	<input type="checkbox"/>	Home within 1500 of river or lake?	<input type="checkbox"/>	<input type="checkbox"/>
Factory installed fireplace?	<input type="checkbox"/>	<input type="checkbox"/>	Home in flood/brush fire/landslide zone?	<input type="checkbox"/>	<input type="checkbox"/>
Any other fireplace?	<input type="checkbox"/>	<input type="checkbox"/>	Any large or vicious animals?	<input type="checkbox"/>	<input type="checkbox"/>
Metal roof?	<input type="checkbox"/>	<input type="checkbox"/>	Business conducted on property?	<input type="checkbox"/>	<input type="checkbox"/>
Protective siding?	<input type="checkbox"/>	<input type="checkbox"/>	Home vacant or unoccupied?	<input type="checkbox"/>	<input type="checkbox"/>
Trampoline on property?	<input type="checkbox"/>	<input type="checkbox"/>	Any insurance declined/cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pool on property?	<input type="checkbox"/>	<input type="checkbox"/>	Fire loss within last three years?	<input type="checkbox"/>	<input type="checkbox"/>
Home on poles or pilings?	<input type="checkbox"/>	<input type="checkbox"/>	Applicant unemployed?	<input type="checkbox"/>	<input type="checkbox"/>

Lienholder Information

Name: _____ Street Address: _____

City: _____ State: _____

Zip: _____ Loan#: _____

Referred by: _____ Date: _____



Referred by:

Date: