



**HOME OWNER'S INSURANCE QUOTE PLEASE FAX TO (888) 319-1446**

<b>APPLICANT INFORMATION</b>		Date: _____
<b>1<sup>st</sup> Named Insured</b> (First, Middle Initial, and Last Name)	SOC SEC# (of First Named Insured): _____	PHONE _____
	DATE OF BIRTH: _____	E-MAIL _____
<b>2<sup>nd</sup> Named insured</b>		
NAME(S) _____	RELATIONSHIP _____	DATE OF BIRTH _____
SOC SEC# _____	E-MAIL _____	PHONE _____

<b>HOME AND PROPERTY INFORMATION</b>  Property Address: _____ (STREET, CITY, STATE, ZIP) County: _____ Inside City Limits? <input type="checkbox"/> YES <input type="checkbox"/> NO  Property is <input type="checkbox"/> Vacant <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rented Miles from Fire Dept: _____ Responding Fire Dept _____ Fire Hydrant Near _____ House Style _____ Above Ground Sq. Footage _____ % of Basement Finished _____ Walkout Basement <input type="checkbox"/> YES <input type="checkbox"/> NO Garage _____ Garage Size _____ Attached Structures _____ Size of Attached Structure _____ Attached Structures _____ Size of Attached Structure _____ Other Attached Structures _____ Size of Structure _____ Outbuildings? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please enter type, size, and value for each _____ Central Burglar Alarms <input type="checkbox"/> YES <input type="checkbox"/> NO Provider _____ Smoke Detectors <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have storm shutters? <input type="checkbox"/> YES <input type="checkbox"/> NO Swimming Pool <input type="checkbox"/> YES <input type="checkbox"/> NO Pool Type _____ Pool Extras _____ Trampoline <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR BUILT _____ Date of Purchase _____ Purchase Price _____ Land Value _____ Number of Stories _____ Sq Feet _____ Type of construction: <input type="checkbox"/> Brick, Masonry, Stone Frame <input type="checkbox"/> Stucco # Living in Home _____ # of Families _____ Wood Stove: <input type="checkbox"/> YES <input type="checkbox"/> NO Age of Electrical (Years) _____ Roof Type: _____ Age of Roof (Years) _____ <b>TYPE OF HEATING:</b> <input type="checkbox"/> CENTRAL HEAT & AIR <input type="checkbox"/> SPACE HEATER <input type="checkbox"/> FLOOR FURNACE (DATE LAST INSPECTED _____) <input type="checkbox"/> THERMOSTATICALLY CONTROLLED? <input type="checkbox"/> CENTRAL HEAT ONLY WITH THERMOSTAT CONTROL Age of Heat Source (Yrs) _____ Date Last Updated _____ A/C Central Air <input type="checkbox"/> YES <input type="checkbox"/> NO Type of Plumbing _____ Date of last update _____ Full or partial _____ Kitchen Type _____ Specialized Doors _____ Pets <input type="checkbox"/> YES <input type="checkbox"/> NO Explain(List Breed) _____ _____ _____ Horses/Livestock on premises <input type="checkbox"/> YES <input type="checkbox"/> NO Other Special Features _____ Business Usage <input type="checkbox"/> YES <input type="checkbox"/> NO
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# ZUMACH INSURANCE



<b>HOME UNDERWRITING CONTD</b>			
DO YOU OR ANY HOUSEHOLD MEMBER OWN ANY ANIMAL THAT IS VICIOUS OR HAS PREVIOUSLY BITTEN OR INJURED?	IS RESIDENCE HELD FOR RENTAL?	IS THE DWELLING FOR SALE?	WAS THIS PROPERTY PURCHASED AS A FORECLOSURE OR SHORT SALE IN THE PAST 12 MONTHS?
MORTGAGEE?	NUMBER OF MORTGAGEE?	ADDITIONAL INSURED?	ADDITIONAL RESIDENCES PREMISES?
DO YOU DESIRE ASSISTED LIVING CARE COV?	HOW IS THE HOME DEEDED? INDIVIDUAL? BOTH SPOUSES?	IS DWELLING UNOCCUPIED FOR MORE THAN 8 WEEKS?	

\*\*\*\*\*PLEASE COMPLETE AS APPLICABLE. NOT ALL QUESTIONS WILL APPLY TO EVERY HOME OWNER\*\*\*\*\*

<b>COST GUIDE</b>			
GARAGE TYPE( 2 OR 3 CAR GARAGE)  ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO  NUMBER OF TENNIS COURTS ____  NUMBER OF INDOOR POOLS ____  NUMBER OF BASKET BALL COURTS ____  CENTRAL VACCUM	NUMBER OF FIRE PLACE ____  CHIMNEY CONSTRUCTION ____ (BRICK OR MASONRY)  NUMBER OF BOW WINDOWS ____  NUMBER OF FRENCH DOORS ____  NUMBER OF SLIDING GLASS DOORS ____	FINISHED ATTIC SQ FT ____  SCREENED PATIO SQ FT ____  UNFINISHED LOWER LEVEL/HALF STORY SQ FT ____  FINISHED BASEMENT SQ FT ____  PERCENT OF FINISHED BASEMENT ____	BALCONY/DECK SQ FT ____  OPEN PORCH SQ FT ____  ENCLOSED PORCH SQ ____  ENCLOSED BREEZEWAY SQ FT ____
NUMBER OF KITCHENS  KITCHEN TYPE (CUSTOM, BUILDER'S GRADE OR BASIC) PLEASE SELECT  NUMBER OF WET BARS	NUMBER OF FULL BATH ____  HOW MANY ARE CUSTOM BUILDERS GRADE ____  BASIC ____	NUMBER OF ¾ BATHS ____  NUMBER OF HALF BATHS ____  HOW MANY CUSTOM ____	HOW MANY JACUZZI, HOT TUBS (IF APPLICABLE) ____  NUMBER OF SOLAR PANELS ____
%INTERIOR WALLS ( HOW MANY % OF YOUR WALLS ARE DRYWALLS, TEXTURED , BRICK, BLOCK, OTHER –EXPLAIN)	%WALL COVERING (HOW MANY % IS PAINT, WALLPAPER, CERAMIC TILE, MARBLE PAINT OR OTHER –EXPLAIN)	%FLOOR MATERIAL (HOW MANY % IS WALL TO WALL CARPET, HARDWOOD, SLATE, PLYWOOD, OTHER-EXPLAIN)	%EXTERIOR WALL (HOW MANY % BRICK ON FRAME, ALIMINUM SIDING, STUCCO, SOLID BRICK, VINYL SIDING WOOD SHAKES, OTHER-EXPLAIN)
%CEILING FINISH (HOW MANY % IS DRYWALL, PLASTER, DRYWALL-TEXTURED, HORSEHAIR PLASTER, SOLID BRICK, OTHER-EXPLAIN)	DO YOU HAVE A HAIL RESISTIVE ROOF?  DO YOU HAVE A SPRINKLER SYSTEM IN THE HOME?  IS IT CENTRAL?		

<b>High Value Items?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Please list all collectible Art, Jewelry, Guns, ATVs, Snowmobiles, Boats etc

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## OPTIONAL COVERAGES

PLEASE LIST OPTIONAL COVERAGES YOU ARE INTERESTED IN HERE. HERE ARE A FEW SELECTION: EXTENDED DWELLING COVERAGE, UNSCHEDULED JEWELRY, UNSCHEDULED SILVERWARE, UNSCHEDULED BUSINESS PROPERTY, INCREASED TREES/PLANTS/SHRUBS, BACKUP OF SEWER/DRAIN/SUMP-PUMP, ORDINANCE OR LAW, BUSINESS MERCHANDISE, VOLUNTEER AMERICA, LANDLORD FURNISHINGS, BUSINESS USE ON OTHER STRUCTURES, IN-HOME BUSINESS, INCIDENTAL FARMING LIABILITY, ADDITIONAL RESIDENCE OCCUPIED BY INSURED -# OF FAMILIES, THEFT OF BUILDING MATERIALS, INCREASED TOOL THEFT, INCREASED MEMORABILIA, SOUVENIERS, COLLECTOR'S ITEMS, LOSS SETTLEMENT FOR ROOFS – ACV FOR ALL PERILS (POLICY PROVIDES REPLACEMENT COST), CREDIT CARD, EXTENDED THEFT COVERAGE FOR PREMISES OCCASIONALLY RENTED, FOUNDATION COVERAGE, IDENTITY FRAUD EXPENSE COVERAGE, OPTIONAL MOLD COVERAGE, SINK HOLE COLAPSE, BSUINESS LIABILITY, HOME DAY CARE, SPECIAL COMPUTER, EARTHQUAKE, ETC. PLEASE LIST ANY ADDITIONAL COVERAGE AS MAY APPLY BELOW.

## PRIOR INSURANCE INFORMATION

<p>CURRENT OR MORE RECENT INSURER?</p>  <p>EFFECTIVE DATE OF YOUR MOST RECENT POLICY</p>  <p>PRIOR EXPIRATION DATE:</p>	<p>PRIOR POLICY NUMBER:</p>  <p>PRIOR PREMIUM: HAS YOUR INSURANCE BEEN: <input type="checkbox"/> CANCELED <input type="checkbox"/> NON RENEWED?</p>  <p>EXPLAIN IF CHECKED ABOVE:</p>	<p>HAS PROPERTY INSURANCE LAPSED OR BEEN CANCELLED, DECLINED OR NON-RENEWED IN THE LAST 5 YEARS?</p>  <p>ANY LOSSES INCURRED IN THE LAST 5 YEARS TO THE INSURED'S HOE OR PERSONAL POSSESSIONS AT THIS OR ANOTHER LOCATION?</p>  <p>TYPE AND AMOUNT PAID:</p>
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## COVERAGE INFORMATION

AMOUNT OF COVERAGE	HOME REPLACEMENT COST	DESIRED DEDUCTIBLE	<u>WIND HAIL DEDUCTIBLE</u>

## Additional Comments

PLEASE EMAIL US AT ANYTIME AT [info@zumachagency.com](mailto:info@zumachagency.com) WITH QUESTIONS WHEN COMPLETING THIS FORM.