HOMEOWNERS FACT FINDER

Agent Name: Sherry Neyman Agent License Number: **OB63420** Office Number: (209) 836-2775

Date:

Applicant's Personal Information

Applicant Name:	Applicant Date of Birth:	
Applicant Gender: Male Female	Marital Status:	
Occupation:	Phone Number:	
Email Address:		
Is there a Co- Applicant? □ Yes □ No	Co-Applicant Name:	
Date of Birth:	Gender: Male Female	
Marital Status:	Occupation:	
Phone Number:	Email Address:	
Mailing Address:		
City: St	zate: Zip:	
In City Limits? Yes No Mailing Address same as Property? Yes No		
Property Address:		

Current Homeowners Insurance Information

*IF YOU CURRENTLY HAVE HOMEOWNERS INSURANCE, PLEASE ATTACH CURRENT HOMEOWNERS POLICY. WE CAN NOT QUOTE IF THIS IS NOT PROVIDED. *

Doy	/ou	currently	have	Homeowner's	Insurance?	□ Yes	□No
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Has property insurance been cancelled, declined, or non-renewed in the last 5 years?

□ Yes □ No

Number of Claims in Last 3 Years: _____

Date: Amount: Details:

 \$	
 \$	
 \$	
 \$	

Current Earthquake Coverage?
Ves No

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New Coverage Information

Amount of Coverage Desired: \$	Mortgagee Pays:	Insured Pays
Desired Deductible: \$	*If Mortgagee pay	-
Personal Liability: \$	provide the most statement and fill out the below que	
Earthquake Coverage: Yes No	Lienholder:	
Medical: \$	Loan Number:	
Personal Property: \$		
Burglar Alarm: Yes No		
Home Information	on	
Date Applicant Purchased Property:		
Year Home Was Built:		
Price of Purchase of Home:		
Swimming Pool: □Yes □No If yes, Diving Board: □ Y	Yes 🗆 No	
Any Pets? Yes No Type:		
Square Footage (excl. garage/basement):	_sq. ft # of Units	:

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Structure Information

1 Story: 2 Story:			
Garage(# cars): Attached Built-in Detached:			
Carport:			
Foundation: Slab Pier & Beam Basement % finished			
Interior Walls: Sheet Rock Plaster			
Exterior Sides: Brick% Wood% Stucco% Other%			
Type of Roof: Wood Metal Concrete Tile Shingle			
Other			
# of Baths: Full: Half			
# of Fireplaces: # of Chimneys: # of Hearths:			
Deck/Porch/ Patio Sq. ft : Deck Porch Screened Patio:			
Kitchen Type: Standard Above Custom Luxury			
If home is more than 20 years old, when has the following been updated?			
Roof: Year Updated: Complete Partial None			
Electrical: Year Updated: Complete D Partial D None D			
Heating: Year Updated: Complete □ Partial □ None □			

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Plumbing: Year Updated:	Complete 🗆	Partial 🛛	None 🗆

Additional Features

Fuel: Gas/Electric or other Electric	ectric Central Heat/Air		
Floors: Carpet% Tile%	Vinyl% Other%		
Gas Shutoff Valve: ☐ Yes ☐ No	Fire Alarm: Yes No		
Security Alarm: Yes No	Smoke Detector: ☐ Yes ☐ No		
Dead Bolt Yes No			
Miles to Responding Fire Dept: Feet to Fire Hydrant:			
Solar Panels: Yes No	f yes, how many?		
Water Softener: Yes No			
Addi	tional Comments		