

Homeowners Checklist

Date _____

Prospects Name _____ Contact _____

Address _____ City _____ Zip _____

Phone _____ Cell _____ Fax _____

Occupation _____ Retired Y/N _____

Residence List

Name _____ DOB _____ SS# _____

Loss Information

Losses in the last 3 years

Year of home _____ Updates _____ Stories _____

Heating _____ RC/ACV _____ Construction Type _____

Age of Roof _____ Occupancy _____ Miles to Fire Dept _____

Coverage Dwelling _____ Deductible _____ PProperty _____

Basic/Broad/Special

Liability Limits

Liab limits _____ Bodily Injury _____ Medical _____

Fire Liab _____

Prior Carrier _____ Eff _____ to _____

Initials of person taking info