



Insurance Brokers of MARYLAND

HOMEOWNERS INFO		EFFECTIVE DATE:		POLICY TYPE:	
Client Name:		Phone:		Email:	
Property address:				Time at Address:	
City:		State:		ZIP Code:	
Mortgage/address:				Escrow: <input type="checkbox"/> Y <input type="checkbox"/> N	
Current/Previous address (If < 3yrs):				<input type="checkbox"/> Own <input type="checkbox"/> Rent	
City:		State:		ZIP Code:	
Current Insurance:				Settlement/Move in Date:	
<input type="checkbox"/> Seasonal		<input type="checkbox"/> Rental		<input type="checkbox"/> Vacant <input type="checkbox"/> Farming	
Claims:					
Name Insured 1:			Name Insured 2:		
DOB:		SSN:		DOB:	
DOB:		SSN:		DOB:	
Marital Status:			Marital Status:		
Occupation:			Occupation:		
Education Level:			Education Level:		
Non-Smoking Household? <input type="checkbox"/> Y <input type="checkbox"/> N			Additional Contact Info:		
Year Built:			Renovations		
Construction Type:			Plumbing:		
# Stories/Type:			Roofing:		
Roof Material:			Wiring:		
Square Footage:		Acres:		Heating:	
Primary Heat Type:			Protection Class		
Oil Tank Location:		<input type="checkbox"/> Above <input type="checkbox"/> Below		Feet from hydrant:	
Secondary Heat Type?			Miles from Fire Dept.:		
<input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Amps			Alarm Systems <input type="checkbox"/> Yes <input type="checkbox"/> No		
Central Air? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type:		
Trampoline? <input type="checkbox"/> Y <input type="checkbox"/> N		Tree House? <input type="checkbox"/> Y <input type="checkbox"/> N		Animals	
Pool? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Above <input type="checkbox"/> In Ground		Dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Fenced & Locked		<input type="checkbox"/> Diving Board		Dog/s ever bitten? <input type="checkbox"/> Y <input type="checkbox"/> N	
Sump Pump? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Animals:		Dog Breed/s:	
Additional Information			Coverages		
#Residing in Residence:			Dwelling:		
Condition of Home:			Other Structures:		
Basement: <input type="checkbox"/> Full <input type="checkbox"/> Daylight -		% Finished		Personal Property:	
<input type="checkbox"/> Slab <input type="checkbox"/> Crawlspace <input type="checkbox"/> Piers			Loss of Use:		
Baths:			Liability:		
Garage: <input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Built In			Medical:		
<input type="checkbox"/> Carport - # cars			Deductible:		
Other Building Structures:			Water & Sewer Backup:		
Deck/ Porch- #/size/condition:			Scheduled Personal Property:		
Balcony/s:			Additional Coverages?		
Flooring Type/ %:					



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VEHICLE INFORMATION

Same effective date as Homeowners – Effective Date

Mailing Address (if different): _____ Time at address: _____

City: _____ State: _____ ZIP Code: _____ Rent Own

Previous Address (if different): _____

City: _____ State: _____ ZIP Code: _____ Rent Own

Driver Info	Driver 1	Driver 2	Driver 3	Driver 4
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Name				
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DOB				
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SSN				
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DL #				
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Occupation				
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Education Level				
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Marital Status				
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Driver Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Good Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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AARP/AAA				
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Claims:				
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Current Ins: _____

Other Members of Household & Insurance: _____

Vehicles	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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Year				
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Make				
------	--	--	--	--

Model				
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VIN				
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Use				
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Miles 1 way/day				
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Primary Operator				
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Car Titled				
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Garage Address				
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Financer/Address				
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Odometer				
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New/ Used	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> New <input type="checkbox"/> Used
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Purchase Date				
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COVERAGES

Comprehensive				
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Collision				
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Roadside/Towing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Loan/Lease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Repair/ Replace	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Tort Option:				
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Medical: _____

Bodily Injury Limits:				
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Funeral: _____

Property Damage:				
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Excess Medical: _____

UM/ UIM:				
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Income Loss: _____

Stacked/Non-stkd:				
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Accidental Death: _____



Insurance Brokers *of*
MARYLAND

EXTRA NOTES/INFORMATION

HOMEOWNERS:

VEHICLES:

OTHER: