



# 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	
<b>Claims:</b>					
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:			<b>Renovations</b>		
Construction Type:			Plumbing:		
# Stories/Type:			Roofing:		
Roof Material:			Wiring:		
Square Footage:		Acres:		Heating:	
Primary Heat Type:			<b>Protection Class</b>		
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		<b>Animals</b>	
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:	
<b>Additional Information</b>			<b>Coverages</b>		
#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/ %:					