

## New Dwelling Fire Policy Worksheet

### BASIC INFO

Name \_\_\_\_\_ Address \_\_\_\_\_

Address of Property \_\_\_\_\_

Home Phone \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_ Effective Date \_\_\_\_\_

Year of Construction \_\_\_\_\_ Frame/Masonry \_\_\_\_\_ # of Families \_\_\_\_\_

Other Structures (describe) \_\_\_\_\_ Claims in last 3 years (describe) \_\_\_\_\_

Pets (describe) \_\_\_\_\_ Swimming Pool (describe) \_\_\_\_\_

Business Use by Owner or Tenant(s) (describe) \_\_\_\_\_

Trampoline \_\_\_\_\_ Woodstove \_\_\_\_\_

If over 25 years, indicate last updates to:

Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Electrical \_\_\_\_\_ Roof \_\_\_\_\_

Type of Heat \_\_\_\_\_ If oil, where is tank located \_\_\_\_\_

### Credits (check all that apply)

Non-smoker Credit \_\_\_\_\_ Smoke Detectors \_\_\_\_\_ Fire Extinguishers \_\_\_\_\_ Deadbolts \_\_\_\_\_

Central Burglar Alarm \_\_\_\_\_ Central Fire Alarm \_\_\_\_\_ Sprinklers \_\_\_\_\_

### Optional Coverages (indicate whether coverages to be included, not included, and any comments)

Landlords contents \_\_\_\_\_

Loss of Rents/Loss of Use \_\_\_\_\_

Earthquake \_\_\_\_\_

Water or Sump Pump Back-up \_\_\_\_\_

Oil Tank Leakage \_\_\_\_\_

Ordinance or Law Coverage \_\_\_\_\_

Umbrella Liability Coverage (must be approved by the company) \_\_\_\_\_

Other \_\_\_\_\_

An Insurance Score must be run to finalize our quote. We will need your Date of Birth and Social Security Number.  
For Data Security purposes please call our office with this information.

Completed By \_\_\_\_\_ Date \_\_\_\_\_