

PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____

ST ___ ZIP _____ PHONE _____

EMAIL _____

OCCUPATION _____

EMPLOYER _____

PREVIOUS ADDRESS (only if your
current address is less than 3 years)

DATE OF BIRTH _____

SS# _____

DRIVERS LICENSE# _____

MARRIED? Y or N

SPOUSE INFO:

NAME _____

DATE OF BIRTH _____

SS# _____

DRIVERS LICENSE# _____

Occupation: _____

CURRENT HOME OWNERS
INSURANCE CARRIER

_____ Exp.Date _____

CURRENT AUTO INS. CARRIER

_____ Exp.Date _____

Home premium escrowed? Y or N

HOME OWNERS INFO

OWN or RENT (circle one)

DWELLING COVERAGE \$ _____

LIABILITY LIMIT \$ _____

DEDUCTIBLE \$ _____

PERSONAL PROPERTY VALUE
(Renters only) \$ _____

Year Built _____ Stories _____

Square Feet _____

Construction (check one)

Brick ___ Frame ___ Stone ___ Other ___

Basement? Y or N - Finished? Y or N

If finished ___% Walk-out? Y or N

Garage? Y or N - Attached or Detached

How many car garage? _____

Number of Bathrooms: Full ___ Half ___

Central Air? Y or N

How many Fireplace? ___ Chimneys? ___

Heating type? Gas or Electric

Swimming pool? Y or N - Inground Y or N

Trampoline? Y or N

Dog on premises? Y or N

Breed of dog _____

Updates? (year completed)

Roof _____ Partial or Complete?

Heat/air _____ Partial or Complete?

Wiring _____ Partial or Complete?

Plumbing _____ Partial or Complete?

AUTO INFORMATION

VEHICLES (list year, make, & model)

1: _____

2: _____

3: _____

4: _____

Any Loans? Veh#'s _____, _____, _____, _____

VIN NUMBERS

1: _____

2: _____

3: _____

4: _____

COVERAGE:

Liability Limits _____

Collision Deductible _____

Comprehensive Deductible _____

Towing coverage? Y or N

Rental car coverage? Y or N

Loan of Lease Gap Coverage? Y or N

ADDITIONAL DRIVERS in Household

Name _____

D.O.B. _____ DL# _____

Relationship? _____

Name _____

D.O.B. _____ DL# _____

Relationship? _____

RETURN FORM TO:

info@kielyhines.com or f) 502-897-1533