

Haymond Insurance
Homeowner's Information Request Form

Customer: _____ Address: _____

Spouse: _____ Protection Class: _____

DOB: Insured _____ Spouse: _____

SSN: Insured _____ Spouse: _____

Dwelling Coverage Amount: \$ _____ Current Carrier _____

Frame/Brick _____ Year Built _____ Square Footage _____

Swimming Pool Y/N _____ Inground/Above Ground _____ Fenced/Unfenced _____

Central H/A Y/N _____ Heat Source Gas/Electric _____ 1 or 2 Story Dwelling _____

Primary/Secondary _____ Ever filed Bankruptcy: Date _____ Repossession _____

Age of Roof _____ Is there a Mortgage? Who? _____

Loan Number if Available _____ Deductible: _____

Form: _____ Liability Requested: _____

EQ Y/N _____