Jim Myers & Associates, Inc.

Homeowners/Dwelling Information Sheet

***Please complete fully and accurately***

|  |  |  |  |
| --- | --- | --- | --- |
| Named Insured(s): |       | Phone #: |       |
| Type of Organization: [ ]  Individual Person(s) [ ]  Husband and Wife [ ]  LLC [ ]  Corporation [ ]  Other |
| Personal Information - Insured #1: | Occupation:       | SS#:       | Date of Birth:       |
| Personal Information - Insured #2: | Occupation:       | SS#       | Date of Birth:       |
| IF APPLICABLE: LLC, Corporate, Other Entity Information:  | SS#/FEIN#:       | State of Registration:    |
| Mailing Address: |       |
| Property Information: |
| Property Address: |       |
| Property Info: Owner Occupied [ ]  Tenant Occupied [ ]   | Year Built: |      | Bldg. Replacement Value: |       |
|  |
| Foundation: | [ ]  Raised Over 3 feet[ ]  Raised Under 3 feet[ ]  Slab | Loan amount (if applicable): |       |
|  |
| Is Foundation: [ ] Open or [ ]  Closed  | Building Sq. Ft.: |       | # of Stories: |       |
|  |
| Const: | [ ]  Frame [ ]  Vinyl Siding [ ]  Masonry Veneer [ ]  Concrete or Solid Brick [ ]  Other | # of Units: | [ ]  1 Family [ ]  2 Family[ ]  3 Family [ ]  4 Family |
|  |
| Plumbing: [ ]  Copper [ ]  Galvanized [ ]  PVC [ ]  Other: Explain:        |
|  |
| Electrical: [ ]  Circuit Breakers [ ]  Fuses [ ]  Other Explain:       |
|  |
| Heating: | [ ]  Central Electric [ ]  Central Gas[ ]  Window Units [ ]  Space Heaters | Cooling: | [ ]  Central Electric[ ]  Window Units |
|  |
| # of Bathrooms: |       | Bathroom Grade: | [ ]  Basic [ ]  Builders Grade [ ]  Semi Custom[ ]  Custom [ ]  Design |
| Kitchen Grade: | [ ]  Basic [ ]  Builders Grade [ ]  Semi Custom [ ]  Custom [ ]  Design |
| # of Bedrooms: |       | Average Interior Dwelling Wall Height: |       |
|  |
|  |
| [ ]  Hot Tub [ ]  Jacuzzi[ ] Fireplace | Shape of Roof:[ ]  Hip [ ]  Gabled[ ]  Flat | Roof Material: | [ ]  Seal Tab [ ]  Seal Tab Arch Shingle[ ]  Metal [ ]  Other |

***Please complete fully and accurately***

|  |  |  |
| --- | --- | --- |
| Alarm:(Check all that apply) | [ ]  None [ ]  Smoke Detector [ ]  Local Fire[ ]  Local Burglary [ ]  Central Fire[ ]  Central Burglary | Pets (if dog, list breed):      |
|  |
| Property Information - continued |
| Pool: (Check all that apply) [ ] **NO POOL** [ ]  Fenced [ ]  Not Fenced[ ]  No Diving Board or Slide [ ]  Diving Board [ ]  Slide | Trampoline: | [ ]  Yes [ ]  No |
| Porch (if applicable) Sq. Ft.: |       | Indoor Laundry: | [ ]  Yes [ ]  No |
|  |
| Describe Other Structures On Property:       | Garage(sq ft) |       |
| Carport: | [ ]  None [ ]  1 Car [ ]  2 Cars | Hurricane Straps on Roof: | [ ]  Yes [ ]  No |
| Storm Shutters: | [ ]  Yes [ ]  No | Other Window or Door Protection:      |
|  |
| ***RENOVATION – UPDATE INFORMATION COMPLETE BELOW*** |
| Building Updates/Year:  | [ ]  **NO RENOVATIONS TO DATE** |
| Wiring  |  [ ]  Yes Year:      | [ ]  Complete [ ]  Partial |
| Plumbing  |  [ ]  Yes Year:      | [ ]  Complete [ ]  Partial |
| Roof  |  [ ]  Yes Year:      | [ ]  Complete [ ]  Partial |
| Heat |  [ ]  Yes Year:      | [ ]  Complete [ ]  Partial |
| Air |  [ ]  Yes Year:      | [ ]  Complete [ ]  Partial |
| Paint  |  [ ]  Yes Year:      | [ ]  Complete [ ]  Partial |
| Other Updates, Specify: |       |
| Is House for Sale: | [ ]  Yes [ ]  No | Any Business Conducted on Premises [ ]  Yes [ ]  No |
| Any Commercial Business within 300 ft. of Premises [ ]  Yes [ ]  No |
|  |
| Current Insurance/Mortgagee Information (if applicable) NOTE: YOU MAY SEND US A COPY OF YOUR CURRENT INSURANCE POLICY SHOWING COVEAGE LIMITS AND MORTGAGEE INFORMATION IN LIEU OF COMPLETING BELOW |
| Insurance Information: |
| Expiring Ins. Carrier (Company): |       | Policy Expiration Date:       | Policy #       |
| Policy Building Limit:       | Policy General or Personal Liability Limit (if applicable):       |
|  |
| Mortgagee Information: |
| Mortgagee Name and Address: |       | Loan #: |       |
|  |
| Loss Claim Information |
| Describe Any Claims Last 5 Yrs |       |
|  |
| Today’s Date:  |       |  |