

Guyor Insurance Agency – Home Owners App

Name (as listed on policy) _____

Mailing Address _____ City _____ County _____

State _____ Zip _____

Home Phone# _____ Cell _____ Work _____

Physical Address of Home _____ City _____ County _____

State _____ Zip _____

Do you have coverage now? YES or NO If so, with who? _____

Policy# _____ Expires _____

Have you ever had a claim? YES or NO If so, Date _____ Type of Loss _____

Amount Paid _____ Is it settled? YES or No If NO, Why _____

Where repairs done? YES or NO Claim#2 Date _____ Type of Loss _____

Amount Paid _____ Is it settled? YES or No If NO, Why _____

Where repairs done? YES or NO

Previous Address (if less than 3yr.) _____ City _____

County _____ State _____ Zip _____

1st Applicant's Occu. _____ Employer _____ Year at job ____

Years w/prior employ ____ DOB _____ SS# _____

2nd Applicant's Occu. _____ Employer _____ Year at job ____

Years w/prior employ ____ DOB _____ SS# _____

Questions: *During the last 5yrs., has any APPLICATE been indicted for or convicted of any degree of the crime of Fraud, Burglary, Arson, or any other Arson-Related Crime in connection with this or any other property?* YES or NO

Is building undergoing any Renovation or Reconstructions? YES or NO

Is the house for Sale? YES or NO *Is there a Swimming Pool?* YES or NO

Is there a Trampoline? YES or NO *Are there any Animals or Exotic Pets kept?* YES or NO

Dwelling amount \$ _____ Other Structured \$ _____

Personal Property \$ _____ Loss of use \$ _____ Personal Liab. \$ _____

Medical \$ _____ Type & Ded: All Peril ____ / Wind-Hail ____ / Theft ____

Type of Coverage: DP-1 / DP-2 / DP-3 / HO-2 / HO-3 / HO-4 / Dwelling, Fire Earthquake _____

RATING

Frame ____ / Masonry ____ / Masonry Veneer ____ / MFG Home ____ / Vinyl Siding ____ / Aluminum Siding ____

Sq Ft _____ Built _____ # Rooms _____ #Bath _____

Fire Station _____ Protection Code _____

Market Value \$ _____ Replacement Cost \$ _____

Structure Type: Dwelling ____ / Apart ____ / Condo ____ / Townhouse ____

Usage Type: Primary ____ / Secondary ____ / Seasonal ____ / Farm ____ Purchase Date : _____

Content \$ _____ ATV(s)? YES or NO Type _____ Value \$ _____

Itemized Items:

Description _____ Value \$ _____

Description _____ Value \$ _____

Description _____ Value \$ _____