

Home/ Dwelling Fire Insurance Sheet

Bosworth & Associates

Phone: 903-561-2621, Fax: 903-581-5369

Name: _____ Spouse: _____
Date of Birth: _____ Date of Birth: _____
Social Security #: _____ Social Security: _____
Occupation: _____ Occupation: _____
Education: _____ Education: _____
Marital Status: _____ Marital Status: _____
Primary Phone: _____ Primary Phone: _____
Email Address: _____ Email Address: _____

Mailing Address: _____
Street Address: _____
How long: _____ County: _____ Mobile Home: Y N
Previous Address: _____
Previous Carrier: _____ Policy #: _____ Expiration Date: _____
Home based business: Y N If Yes, describe _____

Inside the city limits: Y N
Square footage: _____
Year built: _____
Type of Roof: _____
How old is the roof: _____
Construction: Brick Frame
Foundation: Slab P & B
Stories: _____
Fire Hydrant within 500ft: _____ 1000ft: _____
Burglar Alarm: Y N
Monitored by whom: _____
Responding Fire Department: _____
How far is the station from home: _____ miles
Replacement Cost (Value): \$ _____
How many bathrooms: _____
Year of updates-
Wiring: _____
Plumbing: _____
Heat/AC: _____
Heat: Electric Gas
Wood Burning Fireplace: Y N
Dead Bolt Locks: Y N
Smoke Alarms: Y N
Fire Extinguisher: Y N
Attached Garage: Y N
Made to house how many vehicles: _____
Carport: Y N
Pool: Y N Fenced: Y N Diving Board: Y N
Trampoline: Y N Fenced: Y N
Safety Netting: Y N Dog: Y N
Breed or Type of Mix : _____ (“mutt” not accepted)
Mortgage Info: (name, address and loan #)

Notes: