

HOME QUESTIONNAIRE

PLEASE COMPLETE ALL THE FOLLOWING QUESTIONS FOR A QUOTE.
PLEASE FAX COMPLETED FORM TO 281-997-0391 or
E-MAIL TO bstephens@twfg.net

Today's Date: _____
Effective Date / Closing Date: _____

APPLICANT INFORMATION:

Name: _____ Spouse Name: _____
DOB: _____ DOB: _____
SSN#: _____ SSN# _____
Occupation: _____ Employer: _____
Occupation: _____ Employer: _____
Address: _____
City/State: _____ Zip: _____
Phone - Day: _____ Evening: _____
Previous address (If less than 5 years)

ANY LOSSES IN THE LAST 5 YEARS: YES _____ NO _____

If so - Date of Loss: _____ Cause: _____
Date of Loss: _____ Cause: _____

HOUSE INFORMATION:

Coverage/Dwelling Amount \$ _____
Med Pay \$ _____ Liability Limit \$ _____
Deductibles Clause 1 _____% Clause 2 _____%
Primary Residence: YES _____ NO _____
Year Built: _____
Square Footage: _____
Construction Type (Brick, Frame, Stucco): _____
Roof Type (Composition, Wood, Tile) _____ Age of Roof: _____
Inside/Outside of city limits (circle one)
Responding Fire Department: _____ Miles Away: _____
Distance to fire hydrant: Less than 500 feet? YES _____ NO _____
Pool: YES _____ NO _____ If yes, is there a fence? YES _____ NO _____
Dogs: YES _____ NO _____

CREDITS:

Gated Community? YES _____ NO _____
Alarm: Central _____ Burglar _____ Fire _____

Please *note* that completion of the following request for information does not constitute the purchase of insurance. No coverage may be added, changed or bound as a result of submitting this request for information or quotation of insurance. All coverage must be confirmed by the agency in writing subject to an acceptable signed application meeting the underwriting guidelines of the Insurance Company.