

BISI
BUSINESS INSURANCE SOLUTIONS, INC
Personal (HOME)

Name: _____/_____

Mailing Address: _____

Phone #: (____) _____

Email: _____

1st Named Insured: SS#: _____ DOB: _____

2nd Named Insured: SS#: _____ DOB: _____

Location Address (if different): _____

When they want insurance: _____

House Information:

Housing type (circle one): Home Owners Rental Vacant Builder's Risk

Building Construction: _____ (Brick or Frame)

Roof type: _____

Square footage: _____

Year Constructed: _____

Updates(yr)- Roof: _____

Wiring: _____

Plumbing: _____

Heat/AC: _____

Stories: _____

Basement: Yes No

(not inc. basement)

Finished: Yes No _____%

House value/coverage amount requested (not sale price and not including the land):\$ _____

Deductible: \$ _____

Any Losses (in the past 3 years): Yes No (if yes.....)

Date

Description