

Marquis Brokerage

All forms of Insurance

Homeowners Insurance Application

Personal Information

Last name: _____ First: _____

Name of insured (if different from above)

Social security number: _____-_____-_____ Date Of Birth ____/____/_____

Home #: (____)____-____ Work #: (____)____-____ Fax #: (____)____-_____

Email address _____ @ _____ . _____

Property Information

Address of Property(s) to be insured _____

Year of construction _____ Approx. value of dwelling _____

Amount of insurance requested: _____

Umbrella policy desired: Yes _____ No _____

Type of construction:

Including Off Premises Theft _____ Excluding Off Premises Theft _____

Heat: Gas _____ Oil _____ Updated _____ years ago

Electric: 220 _____ Other _____

Plumbing: Copper _____ Other _____

Roof _____ Pool: Yes _____ No _____

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GARAGE: Attached_____ Detached_____ None_____

Attic: Finished _____ Unfinished_____ None_____

Basement: Finished_____ Unfinished_____ None_____

Fire resistive_____ Masonary: Brick_____ Wood_____

ALARM: Central_____ Fire_____ Police_____ Local_____

Number Of Bedrooms _____ Number Of Kitchens _____

Number Of Full Bathrooms _____ Number Of Half Bathrooms _____

Number Of Dining Rooms _____ Number Of Living Rooms _____

Number of Laundry Rooms _____ Number Of Dens _____

Porch _____ Deck _____ Terrace/Balcony _____

Central Air _____ Number Of Fireplaces _____ Wood Burning Stove_____

Total Square Footage _____ Is the house near any water? Yes_____ No_____

Any Claims? Yes_____ No_____ Closing Date _____

Prior Insurance Carrier _____

Miles to the Fire Dept _____ Feet from a fire hydrant _____

Desired property deductible: \$500_____ \$1000_____ Other_____

Do you want your insurance to cover full replacement of your
Home_____ Or Contents_____

Liability \$100,000_____ \$300,000_____ \$500,000_____ \$1,000,000_____

Medical payments to others \$1,000_____ \$5000_____ other_____

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Personal Property

(Contents of house excluding items covered by riders)

(Furniture, clothes, household appliances, electronics etc.)

Other (Items also needed to be insured)

WATERCRAFTS (Boat___ Jet Ski___ Wave Runner___ other___)

Scheduled Items (Riders)

(Items you wish to cover for the full amount of their value, which may be excluded or items not covered for their full value)

Jewelry \$_____ Furs \$_____ Silverware \$_____ Fine arts \$_____

Cameras \$_____ Firearms \$_____ Antiques \$_____

Musical instruments \$_____ Fine China \$_____ Crystal \$_____

Please complete this form by typing or writing clearly. Then Sign and Fax this document & the Credit Authorization Form to 212-825-0955 or (718) 980-5676

Signature

Name_____ Date_____