

Bridenstine & Associates

Looking for Home Insurance

Your First Step in establishing a program that will provide excellent coverage is to complete the following questionnaire. Your information will be Processed against over 30 different companies and a proposal will be created. Providing as much information as possible will give you the best chance to get excellent rates.

Fax 612-395-5233

APPLICANT'S NAME: and P.O. Address (No., St., Apt. No., Town or City, County, State, Zip Code)

County: _____

Telephone #- (H) _____ **(W)** _____

Premises to be covered if different from P.O. Address (No., St., Apt. No., Town or City, County, State and Zip Code)

PROPERTY COVERAGE	A Residence *	B. Related Structures	C. Personal Property	D Add'l Living Expense

*AUTOMATIC INFLATION PROTECTION -- Property coverage will be adjusted annually based on the consumer price index.

LIABILITY COVERAGE	LL, Personal Liability (Each Occurrence)	M. Medical Payments (Each Person)	DEDUCTIBLE:
			\$ _____ Flat All Perils \$ _____ Other

Year of Construction _____ TOWNHOUSE: Families within Fire Division: 1-2 3-4 5-8 9-over

Sq. Feet _____ Apartment: No. of Apartments _____

Construction: Frame; Brick, Stone or Masonry Veneer; Stucco Brick, Stone or Masonry;
 Aluminum Plastic or Steel Siding Over Frame; Fire Resistive

Number of Stories: 1 1 1/2 2 2 1/2 3 Tri-Level Bi-level 01-jer _____ Previous Carrier and Policy Number: _____

Distance to: Fire Hydrant _____ feet.* Fire Dept. _____ Miles: Protected _____ Current Premium: _____

*Indicate pumper truck capabilities # of Gallons _____

Owner Occupied: Yes No Year-round Seasonal

Number of Families: 1 2 Number of Full Time Residence Employees _____

WOOD BURNING DEVICE: No Yes

Has applicant ever suffered any losses (insured or not)? No Yes Explain: _____

Does applicant own any dogs, horses or other livestock? No Yes If yes, please describe: _____

Is there a swimming pool on premises? No Yes Above or In ground Diving Board

Any unusual liability exposures (such as a trampoline or skate board ramp, etc.)? No Yes Explain: _____

Articles or collections of unusual value? No Yes Explain: _____

HEATING -Type and age of heating plant _____ Fuel used _____

Date of last repair or replacement _____ Indicate repairs made _____

ELECTRICAL - What AMP service is provided to the home? 60 100 Other - please indicate: _____

Type, age and condition of wiring _____ Date of last repair or updating _____

Description of repair or updating _____ Is all service on circuit breakers? No Yes

PLUMBING - Age and condition of plumbing _____ Date of last repair or updating _____

Description of repair or updating _____ Type of pipe used: Copper Galvanized PVC

ROOF - Type: Fiberglass Asbestos Asphalt Wood Slate/Tile Other - Describe: _____

Age and condition of roof _____ Date and description of last repair or updating _____

PROTECTIVE Fire alarm? Central station* Fire department alert Local alarm *Attach installation certificate for central station alarm

DEVICES- Burglar alarm: Central station* Police department alert Local alarm

Smoke detector: No Yes Fire extinguisher: No Yes Dead bolts: No Yes

Applicant's Date of Birth, _____ Occupation _____ Soc. Sec. No. _____ - -

Spouse's Date of Birth _____ Occupation _____ Soc. Sec. No. _____ - -

Jewelry to Schedule on Policy _____

Art to Schedule on Policy _____

Guns to Schedule on Policy _____

To provide an accurate proposal it will be necessary to check Motor Vehicle Reports, Accident Records, and credit history. I authorize Bridenstine & Associates to collect personal information to obtain proposals. I understand there is no obligation to place our insurance with Bridenstine & Assoc.

Named Insured's Signature