Jim Myers & Associates, Inc.

Homeowners/Dwelling Information Sheet

***Please complete fully and accurately***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Named Insured(s): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Phone #: | | | | | |  | | |
| Type of Organization:  Individual Person(s)  Husband and Wife  LLC  Corporation  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personal Information - Insured #1: | | | | | | | | | | | | Occupation: | | | | | | | | | SS#: | | | | | | | | | | | | Date of Birth: | | | |
| Personal Information - Insured #2: | | | | | | | | | | | | Occupation: | | | | | | | | | SS# | | | | | | | | | | | Date of Birth: | | | | |
| IF APPLICABLE: LLC, Corporate, Other Entity Information: | | | | | | | | | | | | | | | | | | SS#/FEIN#: | | | | | | | | | | | | State of Registration: | | | | | | |
| Mailing Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property Information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property Address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property Info: Owner Occupied  Tenant Occupied | | | | | | | | | | | | | | | | | Year Built: | | | | | |  | | | Bldg. Replacement Value: | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foundation: | | Raised Over 3 feet  Raised Under 3 feet  Slab | | | | | | | | | | | | | | | | | Loan amount (if applicable): | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is Foundation: Open or  Closed | | | | | | | | | | | | | | | Building Sq. Ft.: | | | | |  | | | | | | | | | # of Stories: | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Const: | Frame  Vinyl Siding  Masonry Veneer  Concrete or Solid Brick  Other | | | | | | | | | | | | | | | | | | | | | # of Units: | | | | | 1 Family  2 Family  3 Family  4 Family | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plumbing:  Copper  Galvanized  PVC  Other: Explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electrical:  Circuit Breakers  Fuses  Other Explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heating: | | | | Central Electric  Central Gas  Window Units  Space Heaters | | | | | | | | | | | | | | | | | | | | | Cooling: | | | | | | Central Electric  Window Units | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # of Bathrooms: | | |  | | | | | | | | Bathroom Grade: | | | Basic  Builders Grade  Semi Custom  Custom  Design | | | | | | | | | | | | | | | | | | | | | | |
| Kitchen Grade: | | | | | | | | Basic  Builders Grade  Semi Custom  Custom  Design | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # of Bedrooms: | | | | |  | | | | | | | | Average Interior Dwelling Wall Height: | | | | | | | | | | |  | | | | | | | | | | | | |
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| Hot Tub  Jacuzzi  Fireplace | | | | | | | Shape of Roof:  Hip  Gabled  Flat | | | | | | | | | Roof Material: | | | | | | Seal Tab  Seal Tab Arch Shingle  Metal  Other | | | | | | | | | | | | | | |

***Please complete fully and accurately***

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| Alarm:  (Check all that apply) | | | None  Smoke Detector  Local Fire  Local Burglary  Central Fire  Central Burglary | | | | | | | | | | | | | | | | Pets (if dog, list breed): | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property Information - continued | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pool: (Check all that apply) **NO POOL**  Fenced  Not Fenced  No Diving Board or Slide  Diving Board  Slide | | | | | | | | | | | | | | | | | | | | Trampoline: | | | | | Yes  No | | |
| Porch (if applicable) Sq. Ft.: | | | | | | | | | | |  | | | | | | | Indoor Laundry: | | | | | Yes  No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe Other Structures On Property: | | | | | | | | | | | | | | | | | | | | | Garage(sq ft) | | | | | |  |
| Carport: | None  1 Car  2 Cars | | | | | | | | | | | | | | | Hurricane Straps on Roof: | | | | | | | | | Yes  No | | |
| Storm Shutters: | | | | | Yes  No | | | | | | | | | Other Window or Door Protection: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***RENOVATION – UPDATE INFORMATION COMPLETE BELOW*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Building Updates/Year: | | | | | | | | | | | | | **NO RENOVATIONS TO DATE** | | | | | | | | | | | | | | |
| Wiring | | Yes Year: | | | | | | | | | | | | | | | Complete  Partial | | | | | | | | | | |
| Plumbing | | Yes Year: | | | | | | | | | | | | | | | Complete  Partial | | | | | | | | | | |
| Roof | | Yes Year: | | | | | | | | | | | | | | | Complete  Partial | | | | | | | | | | |
| Heat | | Yes Year: | | | | | | | | | | | | | | | Complete  Partial | | | | | | | | | | |
| Air | | Yes Year: | | | | | | | | | | | | | | | Complete  Partial | | | | | | | | | | |
| Paint | | Yes Year: | | | | | | | | | | | | | | | Complete  Partial | | | | | | | | | | |
| Other Updates, Specify: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Is House for Sale: | | | | | | | Yes  No | | | | | Any Business Conducted on Premises  Yes  No | | | | | | | | | | | | | | | |
| Any Commercial Business within 300 ft. of Premises  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Insurance/Mortgagee Information (if applicable) NOTE: YOU MAY SEND US A COPY OF YOUR CURRENT INSURANCE POLICY SHOWING COVEAGE LIMITS AND MORTGAGEE INFORMATION IN LIEU OF COMPLETING BELOW | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Information: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expiring Ins. Carrier (Company): | | | | | | | |  | | | | | | | Policy Expiration Date: | | | | | | | Policy # | | | | | |
| Policy Building Limit: | | | | | | | | | | | | Policy General or Personal Liability Limit (if applicable): | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mortgagee Information: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mortgagee Name and Address: | | | | | |  | | | | | | | | | | | | | | | | | | Loan #: | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss Claim Information | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe Any Claims Last 5 Yrs | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Today’s Date: | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |