



HOME INSURANCE REQUEST FORM

Please fill out this form to the best of your ability. If you have any questions please contact our Rochester office at 585.352.1234 or our Canandaigua office at 585.394.4597. Please submit your saved and completed form to alisonc@thefeltnergroupp.com. Once submitted, we will contact you within 24 business hours.

Are you currently insured? _____

Who are you insured with now? _____

Have you had any claims in the last three years? _____

How did you hear about our agency? _____

Closing / Effective Date: _____

Names (as many as applicable): _____

SS#: _____ DOB: _____

Occupation: _____ College: _____

SS#: _____ DOB: _____

Occupation: _____ College: _____

SS#: _____ DOB: _____

Occupation: _____ College: _____

Home Phone

Phone#: _____ Phone#: _____

Work Phone

Phone#: _____ Phone#: _____

Email: _____ Best Time to Reach You: _____

New Home Address

Street Address: _____

Address Line 2: _____

City: _____ State / Province / Region: _____

ZIP / Postal Code: _____ Country: _____

Current Address

Street Address: _____

Current Address Cont.

Address Line 2: _____

City: _____ State/Province/Region: _____

ZIP/Postal Code: _____ Country: _____

Mortgagee: _____

Purchase Price: _____ Amount of Insurance Requested: _____

Deductible Requested: _____

Year Built: _____ Square Footage: _____

of Families: _____ # of Stories: _____

Construction Type:

Wood Frame

Brick

Stone

Masonry

Basement Finished? _____

If yes, % of Basement Finished: _____

Basement

Crawl Space

Slab

of Cars: _____

Garage

Attached

Detached

Other Structures

Structure: _____ Sq. Footage: _____ Use: _____

Structure: _____ Sq. Footage: _____ Use: _____

Structure: _____ Sq. Footage: _____ Use: _____

Full Baths: _____ # 1/2 Baths: _____

Woodstove: Yes No

When Installed? _____ Last serviced: _____

Fireplace: Yes No Woodburning Gas Chimney

When Installed? _____ Last serviced: _____

Porch Sq. Footage: _____ Trampoline: Yes No

Deck Sq. Footage: _____ Dogs: Yes No

Breezeway Sq. Footage: _____

Pool: Yes No

Above Ground In Ground Locked Gate Lift Ladder Deck Fenced

Updates (Year Updated):

Roof: _____ Plumbing: _____ Heating: _____ Electric: _____

Any Other Property Owned: Yes No

Address

Street Address: _____

Address Line 2: _____

City: _____ State/Province/Region: _____

ZIP/Postal Code: _____ Country: _____

Does liability need to be extended from primary homeowners policy: _____

Need a quote: _____

Do you need additional coverage for valuable items (jewelry, silver, computer, guns, collectible, etc): _____

Amount of Coverage: _____