

Please complete this survey form and fax it to the Cambridge Insurance Center Agency. (Fax# / 63-689-2816) Upon receipt we will email you a written quotation. We may also need to call you to ask additional questions. This is only a request for a no-obligation quotation. It is not an application for a policy and does not provide any coverage what-so-ever.

Homeowners Survey Form-Request for a Quotation

Date: _____

Name _____

Street _____

City _____ State _____ Zip _____

Daytime phone _____

Evening phone _____

Cell Phone _____ Email _____

Information about your home

Request base coverage (coverage on the dwelling) \$ _____

Approximate purchase price: \$ _____ Year of purchase _____

Amount of your mortgage: \$ _____ closing date (if applicable): _____

Year home was built: _____ Number of families _____

Have any substantial additions been made to the home after it was originally built: Yes No

If so, describe: _____

Approximate square footage area of your home: _____

Approx. distance to the nearest fire hydrant: _____ Approx. Distance to nearest fire station _____

Roof

Type of roof: asphalt shingles, wood shingles, hot tar, rubber roof other _____

Year the roof was last replaced? _____

Is any part of roof flat? Yes, No, if yes, describe _____

Stories: (circle) 1, 1 1/2 Split Level, Tri-Level, other _____

Construction: Wood (frame), solid brick or stone Log

Basement: (circle): none, slab, crawl space unfinished partial finished fully finished

Garage (circle): none, attached, detached, 1car, 2car, 3car

Number of Bedrooms: _____ # of FULL bathrooms: _____ #of HALF bathrooms _____

Year when plumbing was updated? _____ Electrical Fuses Circuits

How many amp _____ when was it updated _____

Heat/Air

Type of heat (circle): gas, electric, wood, if wood what is main source of heat _____

Is heating system (circle): hot air, hot water, steam, radiant, other _____?

When was hot water heater last replaced _____ Is there central Air Yes, No

Do you have a wood stove? Yes, No, if yes, year last cleaned: _____

Do you have a fire place? Yes, No, if yes, year last cleaned: _____

Other than a local smoke detector, do you have a central station hooked up to a monitoring company?

Yes No... Burglar, Fire, Both

Do you have a trampoline either erected or in storage? Yes No

Do you have a pool Yes No, If so, in ground, or above ground?

Is the pool fenced? Yes, No. Is the fence gate self closing/self latching? Yes, No

Do you own a boat or personal watercraft? Yes, No

If so, describe (max. speed,length,where used, etc.) _____

Recreational vehicle owned: Motorcycle Dirt Bike ATV personal watercraft snowmobile

Golf cart, own or fly an airplane, other describes: _____

Do you own a dog? Yes, No, If so, describe the breed _____

If so, any bite history? Yes, No

Do you own any other pets/farm animals? Describe _____

How far is the closest body of water to your house: _____ Describe: _____

Any danger of flooding from this body of water? Yes No

Do you need or does your bank require flood insurance? Yes No

How much land (acreage) is deed with the house? _____

Dou you own any other properties, vacation homes, rental homes, condos, vacant land, and commercial property?

If so

Describe. _____

Have any personal lawsuits been made against you ever? If so, describe _____

Have you ever filed bankruptcy? Yes No

Describe any claims made to an Insurance company in the last 5 years; describe the claim and amount of money received from the Insurance company: _____

NO Claims

Applicant: Social Security number: _____, DOB: _____ Occupation: _____

Spouse: Social Security number: _____, DOB: _____ Occupation: _____

Did you ever or do you currently have a homeowners policy? Yes No. If so, give former company name, policy # and expiration/cancellation date. _____

If cancelled, why? _____

Mortgage Company name: _____

Address: _____

Loan # _____ Are payment escrowed Yes No

2nd Mortgage Company name: _____

Address: _____

Loan # _____

Dou you have any full or part-time resident employees? Yes No. (Nanny, maid, butler, etc.) If so, describe duties and how often. _____

I confirm and agree that: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

This form is a request for a no-obligation quotation only. It is NOT an application for coverage.

X _____
applicant

X _____ Date _____
Co-applicant/spouse

PRIVACY DISCLOSURE

When you apply for any type of insurance, you disclose information about yourself or members of your family. The collection, use, and disclosure of such information is regulated by Law. We invite you to conduct business with our agency and we protect your personal information. We maintain physical & electronic procedural safeguards that comply with state and federal regulations to protect your personal information. We only share the information in the normal course of conducting insurance operations such as providing a quote, processing, servicing or administering your insurance policy or claim. This information is kept internally and is not available to the general public.

Information we may collect.

We collect nonpublic personal information from you or from third parties about you as part of the insurance application and servicing process for example:

- Information we receive from you on applications and other forms such as your name, address, phone number, fein#, ss#, payroll figures, receipt figures, other financial information and household and driver information.
- Information about your transactions with us and our service providers such as accident information, motor vehicle information, or medical information related to claims, policy coverage, premiums, payment history, & credit worthiness.
- Information we receive from consumer reporting agencies, Motor Vehicle Departments and inspection services.

We use the information we collect to issue and administer insurance policies, process insurance benefits and claims, and provide services we think may be of interest to you. We also use the information as otherwise required or permitted by Federal and State law.

Sharing of Information Gathered

We are permitted by law to share information about you when you become a customer or claimant. We may need to share information to properly manage your business, to prevent fraud, to comply with court orders, for tax reporting, state insurance departments, other government authorities, organizations that perform underwriting and claims investigations, another insurance company to which you have applied for a policy or submitted a claim, insurance support agencies, law enforcement agencies, reinsurance companies and any other third party as permitted or required by law.

We may share the information we collect with marketing services on our behalf. Upon our request, printers and mail processing companies will send you information about our services and products. We do not give other companies access to your information for their own marketing.

If you decide that our rigorous practices meet your privacy expectations, no further action is required. Because we tightly control how your information is shared, **you are already opted-out** of sharing outside Franchino Insurance as allowed by federal law. However, federal law also requires that we allow you to opt-out or restrict how we share information within Franchino Insurance. Limiting our ability to share financial information within Franchino Insurance will make it difficult for us to serve you might expect. If you opt out, you may need to repeat information that you have already provided, etc. If you choose to opt out, please send us a letter directing what information to share and not to share.