Today's Date	Homeowner Account Worksheet				PRODUCER:		
How did you hear about Hinso	n Insurance Agency:			Home Mo	bile Home	Renters	Landlords
Name:			Spouse or 2 <sup>nd</sup> Nan	ned Insured:			
Date of Birth:			Relationship?	Date	of Birth:		
Social Security #:			Social Security #:_				
Employer/Occ:			Employer/Occ:				
Marital Status:	Email	Address:					
Primary Phone:			Spouse Primary Ph	one:			
Physical Address:					_Year Pur	chased:_	
Mailing Address:			County:	Mile	es to Fire (	Dept:	
Previous Home Carrier:	Length w	vith Carrier:	Pol#		Expiration E	ate	
Claims in past 5 year?		Lapse in c	coverage? Y N	How Long of Lapse?	)	Bankru	ptcies Y N
Home Information:	What is the Constru	ction?		_			
Year Built:	# of stories:	Heated Square Feet:		Slab or Crawspace?			
Finished Basement? Y N	# of Full Baths:	# of ½ Baths:	Fireplace?	Y N Flooring?			
Garage / Carport info:				Porches/[	Decks Patio:_		
Alarm Systems?	Supplemental Heating:			Distance	to Fire Hydra	ant:	
Condition of Home:	Type of Roof:	Special Bu	ilding Features:				
Type of Heating:	Age of Unit:	Age of Roof:	Plumbii	ng updates?	Wiring	updates?_	
Pet Info:		_ Pool or Trampoline?_				Fer	nced? Y N
Any Business in the home?		_ Additional Building in	nfo:				
Coverages:							
Dwelling:							
Contents:							
Liability:							
Med Pay:							
Sewer/Water Backup?							
Scheduled Items:							
Billing Preference:	Mortgag	ee:					