



COMMERCIAL SPECIALISTS INSURANCE SERVICES
 LIC # 0D80851
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Homeowners Coverage

How did you hear about us?

- BIA Chamber of Commerce Current Client Email
 Google Mailer Yahoo Yellow pages
 Referral: _____ Website: _____

Named insured _____
 Owner's name _____ Contact's name _____
 Phone #: _____ Cell # _____ Fax # _____
 Email: _____ Preferred method of contact: Phone Fax Email Mail
 Mailing address: _____
 Physical/Premise address _____

General Information:

Applicant: _____ Co-applicant: _____
 Date of birth: _____ Date of birth: _____
 Social Security Number: _____ Social Security Number: _____
 Occupation: _____ Occupation: _____

Underwriting Information:

Year built: _____ Square footage: _____ Year purchased: _____
 # of families: _____ # of stories: _____ # of acres: _____

Updates: (required if home is more than 25 years old)

Wiring - year? _____ Partial Full Plumbing - year? _____ Partial Full
 Heating - year? _____ Partial Full Roofing - year? _____ Partial Full

Miles from fire dept: _____ Feet from hydrant: _____ Fire District: _____
 Distance to Nearest Water Source: _____ Type of Water Source: _____
 Fire Dept: Paid Vol. Fire Dept. Response Time: _____

Construction type: Frame/Stucco Masonry EIFS Other: _____

Construction style: Ranch Cape Cod Colonial Victorian Other: _____

Source of heat: Wood stove Central Air Electric Gas Fireplace Other: _____

Roof Type: Comp Metal Shake Tile Slate Other: _____

THIS IS NOT AN APPLICATION, IT IS ONLY A PRELIMINARY INFO SHEET FOR A QUOTE.
 ADDITIONAL INFORMATION MAY BE REQUIRED.

Occupancy: Primary Secondary Rental Seasonal Vacant Other: _____

Foundation Type: Concrete Slab Concrete Block Pilings/stilts Basement Other: _____

Distance to Ocean/Bay/Gulf: # miles: _____ # feet: _____

Distance to Brush: # feet _____ Brush density: Low Moderate Heavy Extreme

Protective Devices: Centrally Monitored Fire Alarm Centrally Monitored Burglar Alarm
 Local Fire Alarm Local Burglar Alarm Smoke Detector
 Sprinklers (partial 100%) Exterior sprinklers
 Motion Detector Dead Bolts Straps Shutters Protective Glass

Rooms & Other Structures:

Bathroom: Full bath # _____ Basic Custom Designer
 1/2 bath # _____ Basic Custom Designer
 3/4 bath # _____ Basic Custom Designer

Bedrooms: # _____

Deck: Wood, sq ft _____ Redwood, sq ft _____

Garage: Attached, # of cars _____ Detached, # of cars _____ Carport, # of cars _____

Shed: small, sq ft _____ medium, sq ft _____ large, sq ft _____

Other structures: _____

Limits of Coverage:

Desired Deductible: \$500 \$1000 \$2500 \$5000 Other: _____

Property coverage: Limits
Dwelling \$ _____
Other Structures \$ _____
Personal Property \$ _____
Loss of Use \$ _____

Liability Coverage: Limits
Personal Liability \$ _____
Home Day Care _____ /# of Children (Max 5)

In Home Business: Type: _____

Medical Payments \$ _____
Liability Aggregate: \$ _____

Business Property: \$ _____

Additional Info/Coverages:

of in-house servants: _____ # of out-servants: _____

Is there a trampoline on the premises? Yes No Fenced? Yes No

Optional Earthquake Coverage: Yes No
 EQ additional living expense limit \$ _____
 EQ contents limits \$ _____
 EQ deductible: \$ _____

Is there a pool? Yes No Fenced? Yes No Locking Gate? Yes No
 In-ground? Yes No Diving Board? Yes No Slide? Yes No

Any lakes, ponds, or docks on the premises? Yes No Hot tub: Yes No

Animals on the premises? Yes No
 Animal breed: _____ # _____ Bite History? Yes No
 Animal breed: _____ # _____ Bite History? Yes No
 Animal breed: _____ # _____ Bite History? Yes No

Gated Community? Yes No Patrolled? Yes No Caretaker? Yes No

Is the dwelling undergoing any renovation or reconstruction? Yes (provide details) No

Any bankruptcy or foreclosure proceedings file? Yes No Reason: _____

Is the applicant behind or delinquent on mortgage or tax payments? Yes No

Has anyone with a financial interest in the property been convicted of fraud, arson, or other crime related to any loss on any property during the last five years? Yes No

Additional Interests - Mortgagees/Loss Payees:

Name: _____	Name: _____
Address: _____	Address: _____
Loan #: _____	Loan #: _____
Type of Interest: _____	Type of Interest: _____

Loss history:

Note: Loss History includes all losses within the last 3 years, regardless of location AND any loss greater than \$1,000,000, regardless of location or date. Loss runs may be required from your prior carriers.

DATE	TYPE OF LOSS	CAUSE	AMOUNT	PREVENTATIVE MEASURES

Remarks: _____

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