



錦標保險公司
CHAO'S INSURANCE AGENCY INC.
GENERAL INSURANCE & FINANCIAL CONSULTANT

HOME INSURANCE

NEED PICTURE OF THE HOUSE.

NAME: _____

ADDRESS _____

DOB: ____/____/____ M/F: _____

DRIVER LIC NO: _____

SSN: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

WORK INFO:

NAME OF COMPANY _____

ADDRESS: _____

TELEPHONE: _____

HOME INFO Owner Occupy? Y/N _____

NO. OF FAMILY _____ BRICK/FRAME: _____

NO. OF STORIES _____ Sq. Ft. _____

NO. OF METER? : _____ HOW FAR AWAY FROM WATER? _____

Any Dogs & Type: _____

Any Swimming Pool: _____

FLOOD? Y/N _____

FLOOD ZONE: _____

ELEVATION CERTIFICATE? _____

Mortgagee: _____

NAME: _____

ADDRESS _____

DOB: ____/____/____ M/F: _____

DRIVER LIC NO: _____

SSN: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

WORK INFO:

NAME OF COMPANY _____

ADDRESS: _____

TELEPHONE: _____

DP/HO: _____ Age of the House: _____

DWELLING AMT: _____

LIABILITY \$500,000.00 (ALWAYS)

MILES Ded. _____

HOW FAR AWAY FROM FIRE HYDRANT? _____ FEET/MILES

HOW FAR AWAY FROM FIRE DEPT.? _____ FEET/MILES

Umbrella: Y/N _____

If yes, how much? _____

List any update & year done: _____