

**DID YOU KNOW?**



...CAN QUOTE YOUR

# HOMEOWNER'S POLICY

Simply fill out this form completely, then fax it to (714) 573-7202. If you have any questions, please call us at (800) 640-4430. This form is available online as a live PDF at metroinsurance.com.

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Prior or Current Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Please describe any losses at this property or write "none":

## Property Details

**Type of Construction:**

Single Family Dwelling    Duplex    Townhome    Mobile Home    Condo

**Occupancy:**

Primary Residence    Seasonal    Tenant    Other, explain: \_\_\_\_\_

**Frame Construction:**

Brick    Wood Frame    Other, explain: \_\_\_\_\_

Year Purchased: \_\_\_\_\_ Roof Type: \_\_\_\_\_

Year Built: \_\_\_\_\_ NOTE: If your home is over 20 years old, please provide the date for any upgrades or replacements which were made to the systems below...

Heating System: \_\_\_\_\_ Electrical System: \_\_\_\_\_ Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_ # of Fireplaces: \_\_\_\_\_ # of Stories: \_\_\_\_\_

Garage:    Attached    Detached    \_\_\_\_\_ # Car Capacity

Square Footage (excl. basement): \_\_\_\_\_ (Cement Slab)    (Crawl Space)

Content Value: \_\_\_\_\_ Dwelling Value: \_\_\_\_\_

Deductable: \_\_\_\_\_ Liability Protection: \_\_\_\_\_

All Dogs & Their Breeds: \_\_\_\_\_

**Check all that apply:**

- Deadbolt Locks     Smoke Alarm     Fire Extinguisher(s)     Central A/C     Trampoline
- In-Ground Swimming Pool     Swimming Pool is Fenced     P/C or Balcony Sq. feet: \_\_\_\_\_
- Business Conducted on Property, explain: \_\_\_\_\_