

Saine-Summers Insurance Agency

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HOMEOWNERS OR HOMEOWNER TENANT PROPOSAL WORKSHEET

Please provide the information requested below; also on the reverse side (or following page) please include your current coverage limits or attach a copy of your current homeowners/homeowner tenant policy. Please return to us by mail, fax, or e-mail per above.

Name: _____

Address: _____

Phone No.: _____ E-mail Address: _____

Social Security No.: _____ Spouse's Social Security No.: _____

Date of Birth: _____ Spouse's Date of Birth: _____

My home/apartment is located ___ miles from the responding fire department and _____ feet from a fire hydrant

The responding fire department is: _____

My home/apartment is located in the county of: _____ Township: _____

Year house built: _____ The construction of the home/apartment is: Frame___ Brick___ Other_____

What year were the following updated: Wiring:_____ Plumbing:_____ Heating:_____ Electrical:_____

Have you had any homeowner/homeowner tenant losses? ___Yes ___No If yes, provide date and explain loss and amount paid. _____

Have you or your spouse ever filed bankruptcy? ___Yes ___No If yes, date: _____

Pets: Do you have dangerous or exotic animals? ___Yes ___No If yes, explain: _____

Any dogs? ___Yes ___No If yes, type: _____

Do you have a wood-burning stove? ___Yes ___No If yes, is it supplemental heat? ___Yes ___No

Was it professionally installed: ___Yes ___No Are chimneys cleaned annually? ___Yes ___No

Do you have a swimming pool? ___Yes ___No If yes, is there a fence around it? ___Yes ___No

Do you have any home business exposure: ___Yes ___No If yes, please describe: _____

Do you need coverage for: motorcycle, boat, snowmobile, or other recreational unit? If yes, circle which type and provide:

Make: _____ Model: _____ Year: _____ Value: _____ Use: _____

Engine horsepower/cc's: _____

**SAINE-SUMMERS INSURANCE AGENCY
HOMEOWNERS COVERAGE**

RENEWAL DATE: _____

PRESENT ANNUAL PREMIUM \$ _____

ESCROW PAYMENT: ___ YES ___ NO

CARRIER: _____

AMOUNT OF COVERAGES:

INSURING YOUR HOME AND PERSONAL PROPERTY FOR REPLACEMENT COST VALUE IS REQUIRED TO AVOID DEPRECIATION AND/OR PENALTIES AT THE TIME OF A COVERED LOSS. PLEASE LIST THE COVERAGE LIMITS ON YOUR PRESENT POLICY.

DWELLING: \$ _____

LIABILITY: \$ _____

ADDITIONAL STRUCTURES: \$ _____

MEDICAL PAYMENTS TO OTHERS: \$ _____

PREMISES CONTENTS: \$ _____

LOSS OF USE: \$ _____

WE ARE REQUIRED TO COMPLETE REPLACEMENT COST ESTIMATORS AND OUR COVERAGE LIMITS MAY VARY.

POLICY FORMS: (PLEASE CHECK WHICH FORM YOU HAVE OR PROVIDE A COPY OF YOUR POLICY.)

HOMEOWNERS 3 WITH SPECIAL PERILS COVERAGE ON CONTENTS ___ HOMEOWNER 3 ___

TENANT HOMEOWNERS 4 ___ CONDOMINIUM ___

OTHER _____

DEDUCTIBLE: \$250 ___ \$500 ___ \$1,000 ___ OTHER \$ _____

LOSSES - PAST 5 YEARS (DATES & TYPES): _____

OPTIONAL COVERAGES:

GROUP A: YOUR POLICY MAY PROVIDE **LIMITED** COVERAGES ON THE FOLLOWING TYPES OF PROPERTY, BUT MAY BE BROADENED BY ENDORSEMENT. PLACE AN "X" TO INDICATE YOU DESIRE A QUOTE FOR OPTIONAL COVERAGE.

- | | | |
|--|--|--|
| <input type="checkbox"/> ANTIQUES, FINE ARTS | <input type="checkbox"/> ELECTRONIC APPARATUS | <input type="checkbox"/> MONEY |
| <input type="checkbox"/> BUS. PERSONAL PROPERTY | <input type="checkbox"/> FIREARMS | <input type="checkbox"/> MUSICAL INSTRUMENTS |
| <input type="checkbox"/> CAMERAS | <input type="checkbox"/> FURS | <input type="checkbox"/> SECURITIES |
| <input type="checkbox"/> COMPUTER FOR PERSONAL USE | <input type="checkbox"/> GRAVE MARKERS | <input type="checkbox"/> SILVER, GOLD, & PEWTER WARE |
| <input type="checkbox"/> CONTACT LENS | <input type="checkbox"/> HEARING AIDS | <input type="checkbox"/> STAMP/COIN COLLECTION |
| <input type="checkbox"/> CREDIT CARDS | <input type="checkbox"/> JEWELRY/ WATCHES (LIMIT DESIRED \$ _____) | |
| <input type="checkbox"/> OTHER | | |

GROUP B: EXPOSURES **NOT** COVERED AUTOMATICALLY BY MOST HOMEOWNERS POLICIES MAY BE INSURABLE BY ENDORSEMENT AND/OR SEPARATE POLICY. PLACE AN "X" BY THE COVERAGES YOU DESIRE QUOTED.

- | | | |
|---|---|--|
| <input type="checkbox"/> AIRCRAFT/OWNED/LEASED/RENTED | <input type="checkbox"/> IDENTITY THEFT COVERAGE | <input type="checkbox"/> REPL. COST/DWELLING |
| <input type="checkbox"/> ANIMALS | <input type="checkbox"/> LIFE/HEALTH/DISABILITY/IRA | <input type="checkbox"/> SEWER BACKUP/DRAINS |
| <input type="checkbox"/> AUTO - SEE SEPARATE SHEET | <input type="checkbox"/> MOLD | <input type="checkbox"/> SPECIAL BROADENED END. |
| <input type="checkbox"/> BOAT/MOTOR (VALUE: \$ _____) | <input type="checkbox"/> MOTORCYCLES/MOPEDS | <input type="checkbox"/> SUMMER COTTAGE |
| <input type="checkbox"/> BUSINESS PURSUITS | <input type="checkbox"/> MUDSLIDE | <input type="checkbox"/> SUMP PUMP |
| <input type="checkbox"/> CONTINGENT WORKERS COMP. | <input type="checkbox"/> POWER FAILURE | <input type="checkbox"/> UMBRELLA (E.G. EXTRA \$1,000,000 LIAB.) |
| <input type="checkbox"/> EARTHQUAKE | <input type="checkbox"/> PROF. LIAB. (NURSE, ETC.) | <input type="checkbox"/> WATERBED COVERAGE |
| <input type="checkbox"/> FARMING OPERATIONS | <input type="checkbox"/> RECREATIONAL VEHICLES | |
| <input type="checkbox"/> FLOOD | <input type="checkbox"/> RENTAL PROPERTY/O,L&T | |
| <input type="checkbox"/> HOME BUSINESS | <input type="checkbox"/> REPL. COST/CONTENTS | |

THE ABOVE IS MERELY A SUMMARY. PLEASE PROVIDE A COPY OF YOUR PRESENT POLICY FOR US TO COMPARE SPECIFIC COVERAGES, CONDITIONS AND EXCLUSIONS FOR YOU.