

Agent John D. Ellzey, Jr. CIC

This questionnaire will assist us in determining the replacement cost of your home. Please answer all of the questions with the information requested to best help us arrive at an accurate dwelling coverage limit.

Upon completion of this questionnaire, please send it to us so that we can provide you with a homeowners insurance quote.

You can drop it off or mail it to us at:

118 SW Railroad Ave. Hammond, LA 70403

Or you can fax it to us at:

(985) 542-6487

If you have any questions or if you need any assistance, please contact us at:

John D. Ellzey, Jr CIC (985) 969-2682

Homeowners Insurance Questionnaire

APPLICANT(S) INFORMATION Applicant #1 Name:		Applicant #2 Name:			
City:		State:		Zip:	
Telephone:					
Email:		Email:			
Social Security #:	Social Security #:				
Date of Birth:		Date of Bir	th:		
Year Built: Total So	į Ft:		Living	Sq Ft:	
Construction Type: Frame	Brick	Туре с	of Roof:	Metal	Shingles
Year of last updates to: Roof	Ele	ectrical	HVAC	Plur	nbing
Garage Carport Nun	nber of E	Bedrooms:	Numb	per of Bathr	ooms:
Pool: Yes No Fenced:	Yes	s No	# of sto	ries:	
Diving Board: Yes No Slide	e: Ye	s No	Anima	ls:	
Other Structures:	Tran	mpoline:	Yes	No	
Type of Flooring:			Fireplace:	Yes	No
# of Acres: Central Sta	ation Mc	nitored Ala	rm· Ye	es No	
Any losses to the property:		71101047114			
Any losses to the property.					
Amount of Property Insurance you w	rould like	auotod:			
			A 400.00		
Amount of Liability Insurance you wo	ould like	quoted:	\$100,00	00 \$300	0,000
Type of foundation: Slab	Raised	Style	of Roof:	Gable	Hip
Would you like an auto quote?:	⁄es	No Flo	od Quote:	Yes	No
Mailing Address:					
Mortgage Holder? Yes No	. Cont	act Name/#	<u>t</u> .		
If yes, name and address:	. 30110				
Will insurance be escrowed?:	Yes		No		
	163		140		