

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		Applicant #2			
Name:		Name:			
Physical Address:					
City:		State:		Zip:	
Геlephone:					
Email:		Email:			
Social Security #:		Social Security #:			
Date of Birth:		Date of Bir	rth:		
Year Built: Tota	l Sq Ft:		Living	Sq Ft:	
Construction Type: Frame	Brick	Туре	of Roof:	Metal	Shingles
Year of last updates to: Roo	f Ele	ectrical	HVAC	Plui	mbing
Garage Carport I	Number of E	Bedrooms:	Numb	er of Bath	rooms:
Pool: Yes No F	enced and	locked?	Yes	No	
Diving Board: Yes No S	Slide: Ye	s No	Animal	s:	
Other Structures:	Tra	mpoline:	Yes	No	
Type of Flooring:			Fireplace:	Yes	No
# of Acres: Centra	I Station Mo	nitored Ala	rm: Ye	es No	
Any losses to the property:					
Any losses to the property.					
Amount of Property Insurance yo	u would like	augtod:			
			A 400.00		
Amount of Liability Insurance you	ı would like	quoted:	\$100,00	0 \$30	0,000
Type of foundation: Slab	Raised	Style	e of Roof:	Gable	e Hip
Would you like an auto quote?:	Yes	No			
Would you like a flood insurance	quote?:	Yes N	0		
Mortgage Holder? Yes	No				
If yes, name and address:	710				
Will insurance be escrowed?:	Yes		No		
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