



Hazelton Insurance Agency Inc • 701-782-6295 • FAX: 701-782-6297 • hazins@bektel.com

### Home Insurance Quote

Please complete this form with your current policy information. Once completed, please email it to us or submit it online. Or, if you prefer, please call us at 701-782-6295 and we will be happy to collect the necessary information over the phone.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Best Time to Call: Morning Afternoon Evening Weekend

Please list any claims you have had on this address or any previous addresses in the past 5 years.

Date	Type of Claim	\$ Amount of Claim Paid

Responding Fire Department: \_\_\_\_\_ How many miles away? \_\_\_\_\_

Are you within city limits?  Yes  No

Is there a fire hydrant with 1,000 feet of your home?  Yes  No

Do you have any of the following:

- Wood or coal burning furnace / stove  Yes  No      Number of fireplaces: \_\_\_\_\_
- Trampoline  Yes  No      If yes: Safety Net  Yes  No
- Swimming Pool  Yes  No      If yes: Above Ground  Yes  No
- In ground  Yes  No      Fenced in yard  Yes  No
- Alarm Systems  Yes  No
- Smoke detector     Deadbolt       Central Fire     Central Burglar

Do you have pets?  Yes  No If dogs, please include breed \_\_\_\_\_



## House Information

Brick Structure                       Frame Structure

Year Built: \_\_\_\_\_              Number of Stories: \_\_\_\_\_              Number of Square Feet: \_\_\_\_\_

Number of Full bathrooms: \_\_\_\_\_              Number of half bathrooms: \_\_\_\_\_

**Type of Foundation:**  Crawlspace     Slab     Finished Basement     Unfinished Basement

**Do you have a garage?**  Yes     No

If Yes:  Attached     Detached     1 Car     2 car     3 car

Central Air Conditioning:  Yes     No

Recent Updates:	Type	Date
Plumbing		
Electric		
Heat		
Roof		

<b>Current Coverages</b>	Current Insurance Company:
Deductible:	
Dwelling:	How long have you been with this company?
Other Structure:	Policy Expiration Date:
Personal Property:	Scheduled Personal Property: <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of use:	(Jewelry, Art, Collectibles)
Personal Liability:	Please list type and value of property:
Medical Payments:	

<b>Mobile Homeowners</b>	
Year:	Length:
Make:	Width:
Model:	Value of Mobile Home:



## INFORMATION RELEASE FORM

As part of the application process in obtaining the insurance coverage you are requesting from licensed insurance carriers of Hazelton Insurance Agency, Inc. and/or its licensed carriers may order one or more consumer reports. A consumer report may contain information on credit history, medical conditions, driving records, criminal activity and hazardous sports, among other things.

Under the Fair Credit Reporting Act, Hazelton Insurance Agency, Inc. and/or its licensed carriers may review consumer reports to evaluate anyone who applies for this insurance. In the event that coverage is denied to you based wholly or partly on information in a consumer report you will be notified of this fact and given the name and address of the consumer reporting agency making the report.

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the Company until accepted by the Company or Companies but that the information contained herein shall be the basis of the contract should a policy be issued.

## WARRANTY

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

APPLICANT \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_