



Home Insurance Fact Finder
Email or Fax Completed Form
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General Information

Name: _____ SSN: _____

Home Phone: _____ Work/Mobile Phone: _____

Property Address: _____

Mailing Address: _____

Occupation: _____ Date of Birth: _____

Co – Applicant: _____ SSN: _____ Date of Birth: _____

Current Insurance Information

Company Name: _____ Annual Premium: _____

Years with current insurance carrier: _____

Dwelling Amount: _____ Contents Amount: _____ Liability Amount: _____

Medical Amount: _____ Deductible Amount: _____ Expiration Date: _____

Any Claims in last 5 years? _____

Home Property Information

Year Built: _____ Square Footage: _____ Construction: _____ Stories: _____

Roof Type: _____ Age: _____ Bedrooms: _____ Bathrooms: _____ Half: _____ Full: _____

Car Garage: _____ Attached: _____ Detached: _____ Built In: _____

Fire Place: _____ How Many? _____

Pool: () Yes () No Diving Board: () Yes () No Slide: () Yes () No Fenced: () Yes () No

Trampoline: () Yes () No Is There A Net? () Yes () No

ATV's: _____ Pets: _____ What Kind? _____

Alarm System: () Yes () No Monitored: () Yes () No If Yes By Who? _____

Distance to Fire Hydrant? _____ Distance to Fire Station in Miles? _____

Responding Fire Department? _____

Visit our Website at www.cunninghaminsuranceinc.com for additional sales tools.