

HOMEOWNERS INSURANCE — INDICATION FORM

Please complete as thoroughly as possible and return to us via fax @ 248-851-1205.

Personal Information

Name: _____

Date of Birth ___/___/___ Social Security # _____

Highest Level of Education Completed: _____

Employer Name _____ Job Title _____

Current Homeowners Coverages:
Limits \$ _____ / \$ _____ Deductible \$ _____ Premium \$ _____

Claim History: _____

Valuable Articles (list type and approx. value)

Property Information

Address _____

City _____ State _____ Zip _____

Purchase Price \$ _____ Mortgage Amount \$ _____

Homeowners Insurance or Renters Insurance or Condo Owners Insurance

Year Building Built _____ Sq. Ft. of Dwelling _____ # of Stories _____

For additional credit, need years of updates to: Wiring _____ Roofing _____ Plumbing _____ Heating _____

Construction: Brick Frame Concrete # of Bedrooms _____ # of Full Baths _____ # of Half Baths _____

Extras in the home? Sauna Heated Floors Jacuzzi tub Miles to Fire Department _____

Feet to Fire Hydrant _____ Central Station Fire Alarm Yes No Central Station Burglar Alarm Yes No

Years @ Address (if <1 year, previous address needed)

Basement Yes* No Garage Yes* No

*If yes, is basement finished Yes No *If yes, Attached or Detached
of car garage _____

Pets? Yes No Trampoline? Yes No Pool? Yes* No

*If yes, Built in or Above ground



FAX TO: 248.851.1205

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