

# HOMEOWNERS INSURANCE — INDICATION FORM

## *Personal Information*

Name: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security # \_\_\_\_\_

Employer Name \_\_\_\_\_ Job Title \_\_\_\_\_

Current Homeowners Coverages  
Limits \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

Valuable Articles (list type and approx. value)

\_\_\_\_\_

\_\_\_\_\_

## *Property Information*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year Building Built \_\_\_\_\_ Sq. Ft. of Dwelling \_\_\_\_\_

*For additional credit*, need years of updates to: Wiring \_\_\_\_\_ Roofing \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_

Construction:  Brick  Frame  Concrete # of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_

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

\*If yes, is basement finished  Yes  No

Garage  Yes\*  No

\*If yes, Attached \_\_\_\_\_ or Detached \_\_\_\_\_

# of car garage \_\_\_\_\_

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