



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
2019 E Lamar Blvd, Suite 100
Arlington, TX 76006
817-277-6100 Phone
817-261-7514 Fax

Homeowner Insurance

Applicant's Name: _____ PROPOSED EFFECTIVE DATE:
Mailing Address: _____ From _____ To _____
City/State/Zip: _____ 12:01 A.M. Standard Time at the address of the Applicant
Email Address: _____ Phone: _____
County: _____ Fax: _____

APPLICANT Date of Birth: _____ Social Security Number: _____
Occupation: _____ How long at current job? _____

SPOUSE Date of Birth: _____ Social Security Number: _____

CURRENT INSURANCE INFORMATION

Company Name (not agency): _____ Expiration Date: _____ Years insured: _____
Premium Amount: \$ _____ Term: 6 Months 1 Year Other _____ Amount Insured For: \$ _____

HOME INFORMATION

How Long At Present Address: _____ Year Home Was Built: _____
Sq. Footage (excluding garage and basement): _____ sq. ft Number of Claims In Last 3 Years: _____

STRUCTURE INFORMATION

Type: 1 Story 1 1/2 Story 2 Story Split Level Bi-Level Other _____
Construction: Frame Stucco Veneer Masonry Other _____

Roof: Asphalt Shingle Wood Shingle Tile Slate Other _____ Age of Roof: _____ years

Foundation: Basement Crawl Space Slab Other _____

Garage: 1 Car 2 Car 3 Car 4 Car None
 Attached Detached Basement Built-in Car Port None

FEATURES

Bathrooms: # of Full: _____ # of Half: _____
Basement: None Finished Unfinished Sq. Ft.: _____
Deck/Porch/Patio: Deck Sq. Ft.: _____ Porch Sq. Ft.: _____ Screened Patio Sq. Ft.: _____
Fireplaces: # of Chimneys: _____ # of Hearths: _____
Heating System: None Electric Gas Oil Propane Solar Other
 Central Air Central Vac
Security Alarm: None Monitored Not Monitored
Fire Alarm: None Monitored Not Monitored
 Smoke Detector

Please give any additional comments you feel appropriate for this quotation. If you have additional information where there was not enough room above, please enter them here. _____

Applicant's Signature _____ Date: _____