

MCDONALD INSURANCE

PRIMARY INSURED: _____ DOB: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

CURRENT CARRIER & EXP. DATE: _____ / _____

CURRENT INS. COVERAGES:

DWELLING: _____ SEP STRUCTURES: _____ PERSONAL PROPERTY: _____

LOU: _____ LIABILITY: _____ MEDICAL: _____ EXT. REPL: _____

ORDDINANCE OR LAW: _____ WATER BACK UP: _____ DEDUCTIBLE: _____

PROPERTY DETAILS:

YEAR BUILT: _____ SQFT: _____ STORIES: _____ BATH# (FULL/HALF/¾): _____ / _____ / _____

FLOORING: _____ ROOFING: _____

GARAGE (ATTACHED/DETACHED/CARPORT, # OF CARS): _____ FOUNDATION TYPE: _____

ALARM (CENTRAL OR LOCAL): _____ POOL/SPA (FENCED, DIVING BOARD / SLIDE): _____

DOG (BREED/ BITE HISTORY): _____ NUMBER OF PEOPLE IN HOUSEHOLD: _____

LOSS HISTORY (DATE /TYPE OF LOSS, FULLY REPAIRED BY CONTRACTOR) _____

EARTHQUAKE QUOTE (Y / N): _____ CENTRAL AIR / HEAT (Y / N) _____

MORTGAGE (Y / N): _____ OCCUPATION / ALUMNI ASSOC: _____

NEW PURCHASE (Y / N) _____ POLICY PAID BY INSURED OR MORTGAGEE: _____

RENOVATIONS: (FULL OR PARTIAL & YEAR)

ROOF: _____ PLUMBING: _____ WIRING: _____

HVAC: _____

ADDITIONAL COMMENTS / INFORMATION: