



OFFICE ADDRESS:
1182 Monte Vista Ave Ste 18
Upland, CA 91786

MAILING ADDRESS:
2058 N Mills Ave Pmb 522
Claremont, CA 91711-2812

Phone: 800-628-2882
Fax: 909-266-0359

EMAIL: office@h2ins.com

California License #0C66703

Homeowner's/Dwelling Fire Fact Finder

Referred By/Producer: _____ Date: _____

Insured Name(1): _____ Insured Name(2): _____

Occupation: _____ Occupation: _____

Birth Date: _____ Birth Date: _____

SSN: _____ SSN: _____

Full Property Address: _____ City/Zip: _____

Full Mailing Address: _____ City/Zip: _____

Home #: _____ Cell #: _____ Email: _____

Property Information

of Buildings on property _____

of Units: _____

of Stories: _____

of Baths: _____

of Fireplaces _____

Occupancy: Owner Tenant Vacant Construction

Year Built: _____

Square Feet: _____

Exterior Walls: Stucco _____% Wood _____% Stone _____%

Garage: Attached Detached Carport # of Cars _____

Alarm: Y N

Porch: Y N If yes, s/f _____

Patio/Deck Y N If yes, s/f _____

Roof Type: Comp Shingle Wood Spanish Tile Concrete Tile Rolled Composite

Age of Roof: _____ Good Condition Y N Lifting or worn shingles? Y N

Pets: Y N If Yes, Breeds: _____ Bite History? Y N

Pool/Spa: Y N Inground: Y N Diving Board: Y N Fenced: Y N

Trampoline: Y N

Clutter/Debris/Stored/Disabled Vehicles: Y N

Security Bars on Windows: Y N

Custom Home: Y N Custom Features: _____

In Brush: Y N Distance/Details: _____

Domestic Employees Y N If yes, #: _____

Any losses within the last 5 years Y N If yes, what type: _____

Is claim closed Y N Approx date and amount paid: _____

Is home more than 5 acres? Y N If so, farming or ranching? Y N

If home is built prior to 1980 is the home earthquake retrofitted? Y N

Water Heater Strapped? Y N

Updates (Year): Roof _____ Plumbing _____ Heating _____ Electrical _____



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Homeowner's/Dwelling Fire Fact Finder
(cont'd)

Any business out of the home? Y N If yes, what type? _____
Company Name _____
Do you have a commercial policy? Y N
Prior Homeowner Carrier: _____ Expiration Date: _____ Premium: _____

Mortgage Information

Mortgage Lender (1st): _____
Lender Address: _____
Loan #: _____
Mortgage Lender (2nd): _____
Lender Address: _____
Loan #: _____

Escrow Information (if applicable)

Escrow Company Name: _____
Escrow Phone Number: _____
Escrow Fax Number: _____
Escrow Email Address: _____
Escrow Officer: _____
Escrow Number: _____
Loan Amount: _____

****After an inspection, if any of the answers to the above questions are misrepresented, the home will be placed with a DP-1, Basic Fire Policy only and offered NO LIABILITY.****