



MAILING ADDRESS:
2058 N Mills Ave #522
Claremont, CA 91711

PHONE: 800-628-2882
FAX: 909-266-0359

EMAIL: office@h2ins.com

CA LICENSE #0C66703
ID LICENSE #600881

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.****