



COLONIAL GENERAL INSURANCE AGENCY, INC.

P.O. Box 14770, Scottsdale, AZ 85267-4770

8475 E. Hartford Dr., Suite 100, Scottsdale, AZ 85255

(480) 991-7889 WATS: (800) 848-8860 FAX: (480) 948-1394

PREFERRED HOMEOWNER'S APPLICATION

Effective Date: _____ **Agent Name/Co:** _____

CLIENT INFORMATION:

Name: _____ Spouse Name: _____

Occupation: _____ Occupation: _____

Birth date: _____ Birth date: _____

Social Security No.: _____ Social Security No.: _____

Mailing Address: _____

LIABILITY:

- \$50,000
- \$100,000
- \$200,000
- \$300,000
- \$500,000
- \$1 million
- \$2 million
- \$3 million
- \$5 million
- \$10 million

HOME & CONTENTS:

Property Address: _____

Value of Property: _____ Contents Limit: _____

Year of Construction: _____ Square Feet: _____

Deductible:

- \$500
- \$1,000
- \$2,500
- \$5,000
- \$10,000

FIRE PROTECTION:

- Fire Station within 5 miles
- Fire Hydrant within 1,000 feet
- Central or Direct Alarm
 - Burglar Fire
- Fire Resistive Construction

OTHER INFORMATION:

- Farming
- Earthquake
- Masonry Construction
- Full Time Caretaker
- Signal Continuity
- Water Flow Alarm
- Gated Community
- Temperature Monitor
- Back-up Generator
- Gas Leakage Detector
- 24 Hour Security
- Water Leak Detection Alarm
- Lightning System
- Seismic Shut-off Valve
- Gated Community Patrol Service
- Residential Sprinkler System

VALUABLE ARTICLES:

	BLANKET LIMIT PER ITEM	BLANKET AMOUNT	ITEMIZED AMOUNT	TOTAL
JEWELRY	\$ 10,000			
FUR	\$ 10,000			
FINE ARTS	\$ 10,000			
SILVERWARE	NONE			
CAMERAS	NONE			
COLLECTIBLES/STAMPS	\$ 10,000			
COINS	\$ 10,000			
MUSICAL	NONE			
OTHER	NO BLANKET			

VEHICLES:

VEHICLES: Agreed or Market

1. Year: _____ Make: _____ Model: _____ Vin #: _____ _____
2. Year: _____ Make: _____ Model: _____ Vin #: _____ _____
3. Year: _____ Make: _____ Model: _____ Vin #: _____ _____
4. Year: _____ Make: _____ Model: _____ Vin #: _____ _____
5. Year: _____ Make: _____ Model: _____ Vin #: _____ _____

- | | High Perf. | Deductible
Comp. | Coll. | Full
Window | Road
Service | Leased
Vehicle | Lease Gap
Coverage |
|----|--------------------------|--------------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

HOUSEHOLD MEMBERS:

- | Name: | Sex: | DOB: | Drivers License No: | State | Licensed
Issued: Since: |
|----------|-------|-------|---------------------|-------|----------------------------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ | _____ |

LOSSES:

- | Date of Loss: | Loss Amount
Paid: | Description of Loss: |
|---------------|----------------------|----------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

MORTGAGEE/LOSS PAYEES/ADDITIONAL INSUREDS:

	Property Type:	Type of Interest:	Mailing Address:	Loan No:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PRIOR CARRIER:

Homeowners: _____ Auto: _____

SUPPLEMENTAL INFORMATION:
