*Please complete all questions and mark questions that do not apply as “N/A”*

**Applicant Information**

**Client Name:****Social Security #:****Date of Birth:**

**Occupation:**      **Phone:****Email:**

**Spouse Name:****Social Security #:****Date of Birth:**

**Occupation:****Phone:****Email:**

**Mailing Address:****City:**

**State:****Zip:****County (Where Home is Located):**

**Previous Carrier:****N/A Previous Annual Premium:****N/A Previous Dwelling Limit:****N/A**

**Requested Coverage Effective Date:**

**Location Address (If Different then Mailing Address):**

**Mortgagee Information**

**Mortgagee:****N/A Loan #:****N/A Send Bill to Mortgagee: Y**  **N**

**Street Address:****N/A City:****N/A State:****Zip:****N/A**

**Home Information**

**Occupancy (Owner, Seasonal, Rental):****Renters City Limits: Y**  **N**

**Year Built:****Sq Ft:****Constructions Type:****Beds:****Baths:**

**Flooring Material: Hardwood (%):****Carpet (%):****Tile (%):****Other (****)(%):**

**Year Roof Updated:****Year Plumbing Updated:**

**Year Electrical Updated:****Year AC/Heating Updated:**

**Purchase Date:****Purchase Price:****N/A Replacement Cost Value:****N/A**

**Current Dwelling Coverage Limit:****N/A Current Personal Property Coverage Limit:**

**Number of Stories:****Distance to Fire Hydrant (feet):**

**Primary Heating Source: Electric**  **Gas**  **Garage: Attached**  **Detached**

**Garage Size (1,2,3 or 4 car):****# Fireplaces:****In-Ground Pool: Y** **N**

**Monitored Security System: Y** **N**

**Details of Losses in the Last 3 years (need amount paid, date and incident):**

**Home Policies DO NOT provide coverage for Flood. Would you like a quote for Flood Coverage: Y** **N**

Please email completed Form to Robert Shimanek, III @ **robert@fidelityoftexas.com** or Fax to Robert Shimanek, III at 866-475-1803. Please INCLUDE current home policy Declaration pages, if you currently have a home policy in place. Please allow 24 to 48 hours for quote to be produced.