

Amount of Coverage Desired: _____

HomeOwners application

376 Broadway, PO Box 1038 Schenectady, NY 12301 MerriamInsurance.com (877)MERRIAM (637-7426) Fax: (518) 346-0996 insurance@MerriamInsurance.com

| Name: | | | | |
|---|-------------|--|--|--|
| Address: | | | | |
| Property Address (if different): | | | | |
| City: | State: ZIP: | | | |
| Best Method of Contact: | | | | |
| Phone: | E-Mail: | | | |
| Square Footage: | | | | |
| Year Built: | | | | |
| (Please circle one option from all below) Occupied By: owner tenant | | | | |
| Number of Families: 1 2 3 4 | | | | |
| Construction: brick frame | | | | |
| Number of Stories: 1 2 3 4 | | | | |
| Number of Full Bathrooms: 1 2 3 4 | | | | |
| Number of Half Bathroom: 1 2 3 4 | | | | |
| Is there a Basement: Yes No | | | | |
| If Yes, is it Finished: Yes No | | | | |
| Is there a Garage: Yes No | | | | |
| How Large: 1 car 2 car 3 car more | | | | |
| Is it Attached: Yes No | | | | |

| Currently Insured: | Yes | No | |
|---|-----------|-------------------------|----|
| Claims in the Past 7 Yea | ars at An | y Property Address: Yes | No |
| If Yes, Please Explain: _ | | | |
| Filling out this form does not guarantee that we can provide you with insurance coverage. We will contact you for more information. | | | |
| All quotes are subject t | o inspec | tion. | |