



Homeowner's Insurance Application

Snyder Insurance Services, Inc.

7450 W. 130th Street – Suite 230,
Overland Park, KS 66213

Name:	Home #:
Street Address:	Work #:
City/State/Zip:	Email:
Birth Date: (Insured)	Social Security #:
Birth Date: (Other Insured)	Social Security #:

Current Insurance Information (check here if none)

Current Company:	Policy #:	Expiration Date:
Primary Use of Home: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental <input type="checkbox"/> Vacant		

Dwelling Limit:	Personal Property:
Liability:	Deductible:
Lists any scheduled items and insured amounts: (ie: jewelry, cameras, guns, silverware, computers)	
Optional Coverage Included: (ie: sewer backup, earthquake)	
Remarks:	

Is this a single family home? Yes No **Is this a condo?** Yes No **If condo, # of units in building** _____

Claims: Have you had any claims in the last 3 years? Yes No (if Yes, list below)

Date	Type of Loss (ie: hail/fire)	Amount Paid

Building Information:

Year Built:	Purchase Price:	Purchase Date:
Construction Material: <input type="checkbox"/> Brick <input type="checkbox"/> Rock/Stone <input type="checkbox"/> Wood <input type="checkbox"/> Stucco	Roof Material: <input type="checkbox"/> Wood <input type="checkbox"/> Composite <input type="checkbox"/> Tile <input type="checkbox"/> Other	Central Security Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No
Updates if over 15 years old: Please check what has been updated and the year completed <input type="checkbox"/> Roof _____ <input type="checkbox"/> Wiring _____ <input type="checkbox"/> Paint _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Other		

Replacement Valuation: (Please check items built into your home)

Address of Property: (if different from mailing)		County of:
Ground Floor Sq Ft:	Total Finished Sq Ft: (excluding basement)	# of Fireplace Chimneys:
# Bedrooms:	Animals: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:	# of Fireplace Hearths:
# 1/2 Bathrooms:	# Full Bathrooms: (3 fixtures or more)	Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No
Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Cars: <input type="checkbox"/> Attached <input type="checkbox"/> Detached	# Stories: (bi/tri level)	Hot Tub: <input type="checkbox"/> Yes <input type="checkbox"/> No
Deck: <input type="checkbox"/> Yes <input type="checkbox"/> No Size:	Porch: <input type="checkbox"/> Yes <input type="checkbox"/> No Size:	Wood Stove: <input type="checkbox"/> Yes <input type="checkbox"/> No
Basement Type: <input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Walkout		Sq Ft Finished:

Mortgage Information:

Name of Mortgage Company:	Loan #:
Mailing Address:	Mortgage Co. Pays Premium <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip:	Insured Pays Premium <input type="checkbox"/> Yes <input type="checkbox"/> No