



MARSHALL & STERLING INSURANCE

“Our People Are Your Best Insurance”

*****Needs ~ Saratoga Springs

Telephone (800) 724- 0695 • Fax (518) 943-7440

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300 Route 23B, Leeds, N.Y. 12451

HOMEOWNER'S APPLICATION

Name:		Current Company:	
Mailing Address:		Expiration Date:	
City:		Home Phone:	()
State:		Day Phone:	()
Zip Code:		Fax Number:	()
Years at Residence:		Email Address:	

Applicant Information:

Location of Property if different from above:			
Applicant's Occupation:	(Nature of business)	Employer's Name:	
Employer's Address:			
Marital Status:		Date of Birth:	Social Security #:
Co Applicant's Occupation:	(Nature of business)	Employer's Name:	
Employer's Address:			
Marital Status:		Date of Birth:	Social Security #:

Coverages - Limits

Dwelling Coverage	\$	Personal Liability Each Occurrence	100,000	300,000		
Property Deductible	250	500	1,000	2,500		
Medical Payments Each Occurrence			1,000	5,000		
Umbrella Extends your liability coverage beyond the liability limits of your basic insurance policy.	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000	\$ _____
	Auto Liability Limits: \$ _____		# of Vehicles : _____			
	# of Owned Recreational Vehicles: _____		# of Owned Boats: _____			
	# of Owned Apartment Buildings: _____					

Rating/Underwriting: Please select "Yes", "No" or "N/A"

Frame (wood)	Yes No	Year Built:	
Masonry (brick, concrete))	Yes No	Total Sq. Footage:	
Vinyl Siding:	Yes No	Structure Type:	Dwelling Apartment Condo Town House Mobile Home – please indicate Length_____Width_____
# of Families:	_____		
Purchase Date:		Basement:	Finished Unfinished
Deadbolt:	Yes No	Fire Extinguisher:	Yes No
Visible to Neighbors:	Yes No	Heat Type Primary:	Oil Gas Propane Elec.
Protective Devices:	Alarm: Local Central None Smoke Detectors: Yes No	Heat Type Secondary:	Wood Coal Kerosene Other
Distance to Fire Hydrant:	_____ Feet	Distance to Fire Station:	_____ Miles
Oil Storage Tank Location:		Roof Type:	Asphalt Slate Tile Tin Wood Shingle
Swimming Pool:	Yes No	Porches/Decks:	Open Porch: Yes No Square Feet: _____ Enclosed Porch: Yes No Square Feet: _____
<i>If "Yes", please advise:</i>	Approved Fence: Yes No		
	Above Ground: Yes No		
	Diving Board: Yes No In-Ground : Yes No		

RENOVATION TYPE	PART	FULL	YEAR COMPLETED
Wiring	Yes No	Yes No	
Plumbing	Yes No	Yes No	
Heating	Yes No	Yes No	
Roof	Yes No	Yes No	

General Information: Explain all "Yes" Responses in Remarks

1. Any farming or other business conducted on premises? Including Day/Child care?	Yes No
2. Any other residence owned, occupied or rented?	Yes No
3. Any coverage declined, or non-renewed during the last 3 years?	Yes No
4. Does Applicant or any tenant have any animals or exotic pets? (Note breed and bite history) _____	Yes No
5. Is there a trampoline on the premises?	Yes No

Complete if you own a Condominium:

1. Is there a Manager on the premises?	Yes No
2. Is there a security attendant?	Yes No
3. Is the building entrance locked?	Yes No

