



COMMERCIAL SPECIALISTS INSURANCE SERVICES

LIC # 0D80851

3315 Old Conejo Road, Thousand Oaks, CA 91320

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WWW.CSISONLINE.COM

Homeowners Coverage

How did you hear about us?

☐ BIA ☐ Chamber of Commerce ☐ Current Client ☐ Email
☐ Google ☐ Mailer ☐ Yahoo ☐ Yellow pages

☐ Referral: _____ ☐ Website: _____

Named insured _____

Owner's name _____ Contact's name _____

Phone #: _____ Cell # _____ Fax # _____

Email: _____ Preferred method of contact: ☐ Phone ☐ Fax ☐ Email ☐ Mail

Mailing address: _____

Physical/Premise address _____

General Information:

Applicant: _____

Date of birth: _____

Social Security Number: _____

Occupation: _____

Co-applicant: _____

Date of birth: _____

Social Security Number: _____

Occupation: _____

Underwriting Information:

Year built: _____

Square footage: _____

Year purchased: _____

of families: _____

of stories: _____

of acres: _____

Updates: (required if home is more than 25 years old)

Wiring - year? _____ ☐ Partial ☐ Full Plumbing - year? _____ ☐ Partial ☐ Full

Heating - year? _____ ☐ Partial ☐ Full Roofing - year? _____ ☐ Partial ☐ Full

Miles from fire dept: _____

Feet from hydrant: _____

Fire District: _____

Distance to Nearest Water Source: _____ Type of Water Source: _____

Fire Dept: ☐ Paid ☐ Vol. Fire Dept. Response Time: _____

Construction type: ☐ Frame/Stucco ☐ Masonry ☐ EIFS ☐ Other: _____

Construction style: ☐ Ranch ☐ Cape Cod ☐ Colonial ☐ Victorian ☐ Other: _____

Source of heat: ☐ Wood stove ☐ Central Air ☐ Electric ☐ Gas ☐ Fireplace ☐ Other: _____

Roof Type: ☐ Comp ☐ Metal ☐ Shake ☐ Tile ☐ Slate ☐ Other: _____

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ADDITIONAL INFORMATION MAY BE REQUIRED.

Occupancy: ☐ Primary ☐ Secondary ☐ Rental ☐ Seasonal ☐ Vacant ☐ Other: _____

Foundation Type: ☐ Concrete Slab ☐ Concrete Block ☐ Pilings/stilts ☐ Basement ☐ Other: _____

Distance to Ocean/Bay/Gulf: # miles: _____ # feet: _____

Distance to Brush: # feet _____ Brush density: ☐ Low ☐ Moderate ☐ Heavy ☐ Extreme

Protective Devices: ☐ Centrally Monitored Fire Alarm ☐ Centrally Monitored Burglar Alarm
☐ Local Fire Alarm ☐ Local Burglar Alarm ☐ Smoke Detector
☐ Sprinklers (☐ partial ☐ 100%) ☐ Exterior sprinklers
☐ Motion Detector ☐ Dead Bolts ☐ Straps ☐ Shutters ☐ Protective Glass

Rooms & Other Structures:

Bathroom: ☐ Full bath # _____ ☐ Basic ☐ Custom ☐ Designer
☐ ½ bath # _____ ☐ Basic ☐ Custom ☐ Designer
☐ ¾ bath # _____ ☐ Basic ☐ Custom ☐ Designer

Bedrooms: # _____

Deck: ☐ Wood, sq ft _____ ☐ Redwood, sq ft _____

Garage: ☐ Attached, # of cars _____ ☐ Detached, # of cars _____ ☐ Carport, # of cars _____

Shed: ☐ small, sq ft _____ ☐ medium, sq ft _____ ☐ large, sq ft _____

Other structures: _____

Limits of Coverage:

Desired Deductible: ☐ \$500 ☐ \$1000 ☐ \$2500 ☐ \$5000 ☐ Other: _____

Property coverage: Limits

Dwelling \$ _____

Other Structures \$ _____

Personal Property \$ _____

Loss of Use \$ _____

Liability Coverage: Limits

Personal Liability \$ _____

Home Day Care _____ /# of Children (Max 5)

In Home Business: Type: _____

Medical Payments \$ _____

Business Property: \$ _____

Liability Aggregate: \$ _____

Additional Info/Coverages:

of in-house servants: _____ # of out-servants: _____

Is there a trampoline on the premises? ☐ Yes ☐ No

Fenced? ☐ Yes ☐ No

Optional Earthquake Coverage: ☐ Yes ☐ No

☐ EQ additional living expense limit \$ _____

☐ EQ contents limits \$ _____

☐ EQ deductible: \$ _____

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Is there a pool? ☐ Yes ☐ No Fenced? ☐ Yes ☐ No Locking Gate? ☐ Yes ☐ No
In-ground? ☐ Yes ☐ No Diving Board? ☐ Yes ☐ No Slide? ☐ Yes ☐ No

Any lakes, ponds, or docks on the premises? ☐ Yes ☐ No Hot tub: ☐ Yes ☐ No

Animals on the premises? ☐ Yes ☐ No

Animal breed: _____ # _____ Bite History? ☐ Yes ☐ No
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Gated Community? ☐ Yes ☐ No Patrolled? ☐ Yes ☐ No Caretaker? ☐ Yes ☐ No

Is the dwelling undergoing any renovation or reconstruction? ☐ Yes (provide details) ☐ No

Any bankruptcy or foreclosure proceedings file? ☐ Yes ☐ No Reason: _____

Is the applicant behind or delinquent on mortgage or tax payments? ☐ Yes ☐ No

Has anyone with a financial interest in the property been convicted of fraud, arson, or other crime related to any loss on any property during the last five years? ☐ Yes ☐ No

Additional Interests - Mortgagees/Loss Payees:

Name: _____
Address: _____
Loan #: _____
Type of Interest: _____

Name: _____
Address: _____
Loan #: _____
Type of Interest: _____

Loss history:

Note: Loss History includes all losses within the last 3 years, regardless of location AND any loss greater than \$1,000,000, regardless of location or date. Loss runs may be required from your prior carriers.

DATE	TYPE OF LOSS	CAUSE	AMOUNT	PREVENTATIVE MEASURES

Remarks: _____

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