



Wisconsin Medical Society

Insurance & Financial Services, Inc.

To ensure a more accurate quote, please send a copy of your insurance policy declaration's page and/or fine arts schedule along with the following information:

Name _____ Address _____
 City _____ Zip Code _____ County _____
 Telephone () _____ Cell/Pager () _____ Email Address _____
 Best time to call? a.m. p.m. _____

HOME

Year Built _____ Dwelling Replacement Cost \$ _____ Total Living Area Square Feet _____
 Construction? BRICK FRAME Fireplaces? NONE MASONRY PREFAB INSERT
 Auxiliary Heating? NONE WOODSTOVE WOOD/COAL FURNACE PELLET SOLAR
 Roof Type? ASPHALT CLAY TILE/SLATE WOOD SHAKES WOOD SHINGLES
 Burglar Alarm: LOCAL CENTRAL DIRECT Smoke Detectors: PARTIAL FULL
 Fire Alarm: LOCAL CENTRAL DIRECT Sprinkler Systems: PARTIAL FULL
 Responding Fire Department? _____ Miles to Fire Department? _____
 Feet to Fire hydrant? UNDER 1,000 FT. OVER 1,000 FT.
 Property greater than one acre? YES NO If YES, how many acres? _____
 Please check if any outbuildings are on the premises: SHED BARN OTHER _____
 Any dogs? YES NO If YES, what breed(s)? _____
 Deductible? \$500 \$1,000 \$2,500 \$5,000 Would you like earthquake coverage? YES NO
 Is there a 2nd home? _____ If yes, please provide equivalent information on attached sheet.
 Do you own any homes or apartment buildings rented to others? YES NO If YES, please describe...

 Any losses within the last (3) years? YES NO If YES, date of loss(es) & description(s)?

 Do you have a swimming pool? YES NO If YES, with Slide Diving Board 6 ft. Privacy Fence

