

# HOMEOWNERS INSURANCE

COMPLETE AND SEND TO FEDERICO@RABEINSURANCE.COM OR FAX TO 818-710-9466

YOU WERE REFERRED BY:

INSURED NAME:

TELEPHONE:

PROFESSION (FOR DISCOUNT PURPOSES)

DO YOU HAVE OTHER FARMERS OR 21ST CENTURY POLICIES? AUTO ( ) FIRE ( ) LIFE ( ) UMBRELLA ( )

SPOUSE'S NAME:

DATE OF BIRTH:

PROFESSION (FOR DISCOUNT PURPOSES)

EMAIL ADDRESS:

PROPERTY ADDRESS:

CITY:

STATE:

ZIP CODE:

SQUARE FOOTAGE:

YEAR BUILT:

FOUNDATION (CRAWL OR SLAB):

NUMBER OF UNITS:

HOW MANY FULL BATHS?

HOW MANY 1/2 BATHS?

NUMBER OF FIREPLACES:

POOL?

DECK?

TYPE ( ) HOUSE ( ) CONDO/TOWNHOME ( ) MOBILE HOME ( ) TOWNHOME (END UNIT) ( ) TOWNHOME (MID UNIT)

# STORIES ( ) SINGLE STORY ( ) 1 AND 1/2 STORY ( ) 2 STORY ( ) BI-LEVEL/RAISED RANCH

ROOF ( ) ASPHALT/SHINGLE ( ) ASPHALT/FIBERGLASS ( ) CONCRETE/CEMENT ( ) SPANISH TILE ( ) WOODSHAKE

GARAGE ATTACHED ( ) 1 CAR ( ) 2 CAR ( ) 3 CARS ( ) CARPORT DETACHED ( ) 1 CAR ( ) 2 CARS ( ) 3 CARS