

# Homeowners/Dwelling Application

Date: \_\_\_\_\_

Applicant	Telephone Number	Email		Who recommended you	
Street Address		City	County	State	Zip Code
Current Add.(If not same as prop. add)		City	County	State	Zip Code

## Property Information

Closing Date _____	Central Alarm (if yes, please answer a and b)
Subdivision _____	a. Burglar: _____
Market Value _____	b. Fire: _____
Year Built: _____	Any Pets _____
# of Stories _____	Garage ( Blt, In/ Att.) _____
Living Area (Sq. Ft.): _____	# of Car Garage _____
Basement (If yes, please answer a. and b.)	Exterior Wall Type (ex. % of Brick... )
a. Basement Sq. F _____	_____
b. Finished Percentage _____	Deck Sq. Ft _____
Floor: Hdw _____ %, Cpt _____ %, Vyl(Tile) _____ %	Porch Sq. _____
# of Fireplaces _____	Fenced _____
# of Bathrooms _____	Smoker ( Y/N) _____

## Loss History (for the past 3 years)

Month/Year	Type of Loss	Explanation	Paid

**Financial History:** do you have any financial problems in the past 5 years, including cancellation for non-payment? If yes, please explain: \_\_\_\_\_

## Applicant Information

Applicant/s Name	Date of Birth	Occupation	Employer ( years)

## Prior Insurance Information

Carrier	Policy#	Exp Date	# of Years

**International Insurance of Georgia: Fax # 770-455-3228 or E-mail to Us**