



# HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.

## Personal Insurance Application

### GENERAL INFORMATION

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

Dependents:  Yes  No Names: \_\_\_\_\_ Ages: \_\_\_\_\_

Current Homeowner Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Current Premium: \$ \_\_\_\_\_

Current Auto Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Current Premium: \$ \_\_\_\_\_

Current Personal Liability limits: \_\_\_\_\_

Flood:  Yes  No Earthquake Insurance:  Yes  No

### HOME CONSTRUCTION & SECURITY:

Primary residence address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

MAIN DWELLING: Building Replacement Value \$ \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

Home Type:  Single Family Dwelling?  Town House?  Apartment?

Currently under renovation? \_\_\_\_\_

Year Built? \_\_\_\_\_ Building construction:  Brick?  Frame?  Fire Resistant?  Other? \_\_\_\_\_

Tenant Occupied?  Yes  No If yes, describe: \_\_\_\_\_

Any valuables listed individually?  Yes  No

Describe: Fine Arts \$ \_\_\_\_\_ Jewelry \$ \_\_\_\_\_ Silver \$ \_\_\_\_\_ Furs \$ \_\_\_\_\_ Collectibles \$ \_\_\_\_\_

#### Security at Location

1. Security System: Burglar Alarm: \_\_\_\_\_ Fire Alarm: \_\_\_\_\_ Central Station: \_\_\_\_\_ Local only: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Monitoring Company: \_\_\_\_\_ 24- Hr. Sec Guard: \_\_\_\_\_
2. Locks (type): Doors: \_\_\_\_\_ Windows: \_\_\_\_\_
3. Fire Suppression System: Sprinkler?  Yes  No Smoke Detectors?  Yes  No How many: \_\_\_\_\_  
 Fire Extinguishers:  Yes  No How many: \_\_\_\_\_ Type: \_\_\_\_\_
4. Approximate distance to: Police station: \_\_\_\_\_ Fire dept.: \_\_\_\_\_ Hydrant: \_\_\_\_\_ Fire Pond : \_\_\_\_\_

**AUTOMOBILE (If Applicable):**

Automobile 1

State Registered: \_\_\_\_ Year: \_\_\_\_ Make: \_\_\_\_ Model: \_\_\_\_ VIN Number: \_\_\_\_

Automobile 2

State Registered: \_\_\_\_ Year: \_\_\_\_ Make: \_\_\_\_ Model: \_\_\_\_ VIN Number: \_\_\_\_

DRIVER 1

Name: \_\_\_\_ DOB: \_\_\_\_ State of License: \_\_\_\_ Driver License No.: \_\_\_\_

Tickets/Violations (provide date and description): \_\_\_\_\_

DRIVER 2

Name: \_\_\_\_ DOB: \_\_\_\_ State of License: \_\_\_\_ Driver License No.: \_\_\_\_

**CLAIMS AND VIOLATION HISTORY:**

Losses or violations in last 5 years  Yes  No

If yes, description of loss or violation, date and amount paid: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SIGN AND RETURN TO:



**HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.**

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