



Homeowners Supplement Form

Name: _____ Date __/__/____

Email address: _____

Phone number: _____

- Insured Date of birth: __/__/____ Spouse's date of birth: __/__/____
- Total number of household residents: ____
- Year home was built: ____
- Years at current residence: ____
- Located what City or township: _____
- Distance to fire hydrant & fire station ____ miles
- Years with your current company: ____ years
- Are you currently insured: Yes ___ No ___
- Do pay premiums in full: Yes ___ No ___
- Claims in past 5 years: Yes ___ No ___ If yes, List date, amount of loss, Cause of loss.
 Date: __/__/____ Amount paid \$ _____ Cause: _____
 Date: __/__/____ Amount paid \$ _____ Cause: _____

Loss Prevention devices:

- Dead bolts Yes ___ No ___
- Burglar alarm system Yes ___ No ___ If yes, is the system monitored 24\7? Yes ___ No ___
- Fire extinguisher Yes ___ No ___
- Smoke detectors Yes ___ No ___
- Motion sensing lights Yes ___ No ___
- All Household Non-smoker Yes ___ No ___

Unusual risk: Please Check

- Solid fuel stove in any building: ____
- Business located on premises: ____ What kind of business? _____
- Old Farm barn (i.e. hip roof style): ____ Farm Pets? _____ How many? ____
- Swimming pool or hot tub: ____
- Pond: ____ Is it completely fenced? ____
- Trampoline: ____

List property updates: Roof __ year done ____ \ Plumbing __ year done ____ \ Heating __ year done ____
Electrical __ Year done ____ (i.e. fuses or circuit breakers)

Discounts

- YES ___ NO ___ Group discounts (alumni ASSO./credit union/AARP/Social groups-Eagles, Rotary etc.)?
Name of Group you belong to _____
- Credit Score Discount Authorization - To apply this important credit we need your previous address if you have moved in the last 6 months: Street _____ City _____ Zip _____

SIGNATURE REQUIRED authorizing Eaton Insurance Services to pull my Credit Score.

Print name _____ Signature _____