



CM SAFE INSURANCE AGENCY

Name:
Address
City St Zip
Phone
DOB
DL#
Occupation:Company
Years at current address
Previous address and # years:
Fire Department **Distance to water hydrant:**
Any Losses/Claims 5 years:
Prior Carrier **Renewal date:**
Mortgage?
Current market value:
Alarm System **Smoke Detector**
Year Built:
of Stories: **Brick or Frame?**
Exterior:
Total Sq Footage:
Fireplace? **Built in or gas?**
Foundation:
Basement finished? (%)
Attached garage: **# of Cars**
Heat Source? **Central Air?**
Bathrooms:
Kitchens:
Wood decking? **Front/Back** **Sq Foot**
Breezeway? **Sq Foot**
Build in Features Hot Tub / Jacuzzi / Wet Bar / Sauna / Intercom / Central Vac
Foundation material:
Year Systems Updated Plumbing Heating Electric Roof
Mortgage Holder: