



Home Owners Insurance Quote

Henslee Insurance Agency, Inc.

Date _____ Phone # _____ E-Mail _____

1st Named Insured: _____

DOB: _____ Social Security # _____

2nd Named Insured: _____

DOB: _____ Social Security # _____

Address including county and zip code:

Inside or outside the city limits: _____

of stories & construction (brick, frame, etc.) _____

Square Footage _____ Year Built: _____

If Over 20 yrs old has there been any updates to wiring or plumbing if so what year?

Plumbing _____ Electrical _____ Water Heater _____ A/C _____

Smoke alarms _____ Is Home Gas or Electric: _____

Does home have an alarm _____ Is it monitored _____ Deadbolts _____ Fire Ext _____

Age and Type (comp, metal, etc) of roof: _____

#of layers on roof _____

Fireplace: _____ Gas or Wood: _____ Wood burning stove: _____

Prior Carrier & Expiration Date _____

Renewal Premium: _____

Losses to any property in the past 5 years, including date, cause, and amount paid:

Occupation & Length of employment: _____

Financial Condition: _____

Any damage to property: _____

Swimming Pool: _____ Above or below ground _____ Fenced: _____

Diving board or slide: _____ How deep: _____ Self locking gate: _____

Trampoline: _____

Slab or Pier and Beam: _____

Any pets? If so what breed: _____

Any bite history _____

Number of acres owned: _____ # of cows, horses, goats, etc: _____

any ponds, tanks, creeks, etc: _____

of feet to fire hydrant: _____ # of miles to fire department: _____

Dwelling value \$ _____

Other structures \$ _____

Liability \$ _____

Deductible \$ _____

Send completed form to hensleeinsurance@gmail.com or fax to (817)447-3743. You can call us at (817)447-2771

**Thank You For Your Submission We Will Get Back To
You Very Soon....**