

Home Insurance Info Sheet

Named Insured _____

Email _____ Phone # _____

Mail Address _____

Location (if different) _____

Current Insurer _____ Expiration Date _____
(if any)

Current Auto Insurer _____ Expiration Date _____
(for account credit)

Losses past 5 years: **None:** ____

Date _____ Amount Paid _____ Type of Loss _____

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Building Info:

Building Age ____ # of Stories ____ Construction: Wood Frame ____ Brick ____
(approx)

Sq Ft area _____ Non-Smoker _____ Alarm Type _____

Smoke Detector: Battery _____ Hard wired _____ Business Exposure _____

Row Building _____ If not, distance between buildings _____
Left Right Rear

Year systems were updated:

Wiring _____ Plumbing _____ Heating _____ Roof _____

Current Limits:

Building _____ Personal Liability _____ Scheduled Items _____
(Jewelry, furs, cameras, guns)

Umbrella policy _____

Mail or fax to: HR Hatch Insurance

31 Milk St

Boston, MA 02109

Phone (617) 426-3711 Fax (617) 482-5109