



# 陳大衛保險公司

## DAVID CHIN GENERAL INSURANCE BROKERAGE, INC.

### Homeowners Insurance Application

Please complete the appropriate sections of the application to get your free quote and consultation.

#### I. Applicant Information Section

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_  Residence  Business  Cell Email \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Occupation \_\_\_\_\_

Is there an additional named insured?  Y  N If yes, please provided the following:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Residence Business Cell Email \_\_\_\_\_

Location Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please list additional interest:

1) Additional Insured 2) Loss Payee 3) Mortgagee 4) Landlord 5) Lienholder 6) Employee as Lessor

Additional Interest Type	Name

David Chin General Insurance Brokerage, Inc.

87 Bowery, Suite 501, New York, NY 10002 • Tel 212-219-2278 • Fax 212-219-2933 • dchin@dchininsur.com

**II. Property Information**

Property Occupancy:  Owner  Tenant  Unoccupied  Vacant Year Built \_\_\_\_\_

Structure:  Apartment  Condominium  Co-op  Dwelling  Mobile Home  Row House  
 Townhouse  Other \_\_\_\_\_

Construction Type:  Frame  Fire Resistive  Log  Masonry  Masonry Veneer  
 Metal/Aluminum Siding  Metal/Plastic Siding  Trailer/Mobile  Other \_\_\_\_\_

Roof Material \_\_\_\_\_ Primary Heat \_\_\_\_\_ Secondary Heat \_\_\_\_\_

Foundation \_\_\_\_\_ Sprinkler \_\_\_\_\_ Total Area (Sq. Ft.) \_\_\_\_\_

Number of Stories \_\_\_\_\_ Number of Families \_\_\_\_\_

Feet from Fire Hydrant \_\_\_\_\_ Miles to Fire Station \_\_\_\_\_

Do the following apply to your property? (Check all that apply)

Dead Bolt  Fire Extinguisher  Visible to Neighbors  Smoke Detector  Occupied Daily

Protective Devices: Please check all that apply and specify central, direct, or local in the space provided.

Burglar \_\_\_\_\_  Fire \_\_\_\_\_  Smoke \_\_\_\_\_

Renovation Updates:

	Part/ Full	Year
Wiring		
Plumbing		
Heating		
Roof		

Do you have a swimming pool?  Y  N

**III. Personal Umbrella**

Desired Amount of Coverage (minimum \$1 million): \_\_\_\_\_

Prior Auto Insurance Coverage

Vehicle	Coverage Limits	All Operators License Number

Do you own any other recreational vehicles? (Ex. Boats, motors/trailers)  Y  N

If yes, please list here \_\_\_\_\_