



Life & Health Office
38 E 29th St, 9th Flr • NY, NY 10016
Property & Casualty Office
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Homeowners

Name: _____

Address: _____

Telephone: _____

Occupation: _____ DOB: _____ Social Security #: _____

Spouse's Occupation: _____ DOB: _____ Social Security #: _____

Dwelling Amount (Homeowner's Only): _____

Contents Limit: _____

Deductible: _____ \$200 _____ \$500 _____ \$1000

Liability (Homeowner's Only): _____

Scheduled Items (Recent Appraisals are Required):

Jewelry: _____

Furs: _____

Silverware: _____

Other: _____

Alarm Information: Central Station Fire and/or Burglar: _____

Direct to Police Station (Please Circle): YES NO

Any losses in the past 3 years:
If so, please advise type(s), date(s) and amount(s)

Construction Types (Please Circle): FRAME MASONRY

Year Built: _____

Year of last updates for: Plumbing: _____ Electrical: _____ Roof: _____

Distance to bodies of water: _____

Notes: