



FOURRIER AGENCY, INC.

4275 GOVERNMENT STREET
 BATON ROUGE, LA 70806
 www.fourrieragency.com
 225-383-0682

Property Address:		Yrs. at current address:	
Name on Deed/Title:		Renewal Date/Carrier: Nonrenewed:	
Prior address if less than 3 years:		Referred by:	
Primary Insured Information			
Name:		# of Residents/Children <18:	
DOB:	SSN:		
Married:	Phone:		
E-Mail Address:			
Occupation: Employer:		Years Employed:	
Secondary Insured/Spouse Information			
Name:		Phone:	
DOB:	SSN:		
E-Mail Address:			
Occupation: Employer:		Years Employed:	
Home Underwriting			
Foundation Type: Slab <input type="checkbox"/> Pier & Beam <input type="checkbox"/>		Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, type of material:	
Year Built:	Living Ft:	Porch/Balcony Ft:	# Stories:
Alarm: <input type="checkbox"/> Local <input type="checkbox"/> Monitored		# Full Baths:	# Half Baths:
Fireplace: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Wood <input type="checkbox"/> Gas	Provide details of Other Structures not attached:		
Central AC: <input type="checkbox"/> Yes <input type="checkbox"/> No	Central Heat: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	
Garage/Carport: <input type="checkbox"/> Yes <input type="checkbox"/> No		# of vehicles it holds:	
Type of Roof:		Age of Roof:	
Hip <input type="checkbox"/>	Gable <input type="checkbox"/>	Do limbs touch or hang over roof?	
Brick Veneer % _____ Siding % _____ Stucco % _____		Auto Carrier Renewal Date:	
Home / Townhouse / Condo		Flood Insurance: Name of Carrier:	
Occupancy: Owner / Tenant / Vacant			



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Last Updates/Age: Roof _____ Wiring _____ Plumbing _____ AC/Heating _____ Hot Water Heater _____

****For best rate possible, please complete updates if applicable****

Trampoline: Yes No

Any Pets/Animals? Yes No

Description/Breed of Dog _____

Pool: Yes No Is there a: Diving Board Yes No Slide Yes No

Is there at least a 4 ft. fence & locking gate around pool? Yes No

CLAIMS: DATE OF LOSS / AMOUNT PAID / PERIL / SUBJECT OR RISK / CLOSED OR OPEN

_____ / \$ _____ / _____ / SUBJECT OR RISK / CLOSED OR OPEN

_____ / \$ _____ / _____ / SUBJECT OR RISK / CLOSED OR OPEN

Additional Info: (Add't locations owned, jewelry, furs, ATV's, boats, golf carts, firearms, antiques, etc.)

Date info taken: _____

Date of closing: _____