

IN202 HOMEOWNER'S INSURANCE COVERAGE

INSURANCE COMPANY: _____
CONTACT INFORMATION: _____
POLICY NUMBER: _____

PRIMARY RESIDENCE

Address: _____

Premium: _____

BASIC COVERAGE:

Replacement/Cash Value: _____
Broad/All Perils: _____
Dwelling Protection Limit: _____
Dwelling Protection Deductible: _____
Other Structures Limit: _____
Other Structures Deductible: _____
Personal Property Limit: _____
Personal Property Deductible: _____
Family Liability Protection: _____
Guest Medical Protection: _____

OTHER COVERAGE:

NOTES:

VACATION HOME

Address: _____

Premium: _____

BASIC COVERAGE:

Replacement/Cash Value: _____
Broad/All Perils: _____
Dwelling Protection Limit: _____
Dwelling Protection Deductible: _____
Other Structures Limit: _____
Other Structures Deductible: _____
Personal Property Limit: _____
Personal Property Deductible: _____
Family Liability Protection: _____
Guest Medical Protection: _____

OTHER COVERAGE:

NOTES:

