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DWELLING PACKAGE APPLICATION

DP-3

NAME OF INSURED: _____

LOCATION TO BE INSURED: _____

MAILING ADDRESS IF DIFFERENT: _____

DATE OF BIRTH: _____ PHONE # _____

SOCIAL SECURITY # _____

YEAR BUILT: _____ NUMBER OF FAMILIES: _____

CONSTRUCTION: FRAME _____ MASONRY _____

SQUARE FOOTAGE: _____

PREVIOUS CARRIER: _____

POLICY# _____ EFFECTIVE DATES: _____

ANY LOSSES: _____ IF YES EXPLAIN: _____

HOW MUCH WAS PAID: _____ IS CLAIM NOW CLOSED: _____

DWELLING AMOUNT: _____

DEDUCTIBLE: _____

LIABILITY AMOUNT: _____

SINKHOLE COVERAGE: YES: _____ NO: _____

ANY SWIMMING POOLS: _____ IF YES, IS IT FENCED _____

ANY FIREPLACES: _____ HOW MANY GARAGES: _____

TYPE OF ROOF: _____ ENCLOSED PORCHES: _____

ANY PETS: _____ (DESCRIPTION)

UPDATES: WIRING _____ PLUMBING _____ HEATING _____ ROOF _____

NAME OF PERSON SUBMITTING APPLICATION: _____

TELEPHONE # _____ FAX# _____