

EZ Escrow Close

Home Insurance

Escrow Number: _____ Escrow Fax _____
Escrow Close date _____

Name of Applicant: _____

(As they take will take title)

Mailing Address: _____

Property address: _____ Zip _____

County: _____

Occupation of Applicants _____ Age _____

How will the dwelling be occupied: Owner / Rental / Owner Seasonal / Secondary / Commercial

Year Home built: _____ Updates or maintenance last 20 years: Electrical _____

Circuit Breakers: Y/N Plumbing: _____ Copper Y/N Galvanized Y/N Heating System Type

Gas/ Electric / Propane and Age _____ Roof Type _____ Age _____

Security: Fire Alarms _____ Burglar alarm: Y/ N Central or Local _____

Name of responding fire department _____

Sprinklers inside home: Y/N Gated community Y/N

Number of stories: 1 / 1 _ / 2/ Foudation: Slab Raised Basement

Square feet per floor _____ Flood Insurance needed: Y/N Earthquake: Y/N

Flood Zone _____ Community Panel map # _____

Name of First Mortgage: _____

Address: _____ Zip _____

Loan Number: _____

Second Mortgage Name: _____

Address _____ Zip _____

Loan Number: _____

Other Additional Interests: _____

Address _____

Type of interest _____

Escrow Company Name: _____

Address: _____

Escrow Officer: _____ Phone Number _____

Comments _____

K&M Henderson Insurance Services

Fax- 916-788-1991

Email: info@hendersoninsure.com

Phone: 916-788-8191