

"Insuring you in the 21<sup>st</sup> Century"

# UNITED NATIONAL INSURANCE AGENCY

2201 CAROLINE

HOUSTON, TEXAS 77002

713/655-0335 FAX 713/655-0338

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## HOMEOWNERS, RENTAL PROPERTY (DWELLING) & FLOOD INSURANCE PROCESSING FORM

(SEE BACK FOR PERSONAL OR COMMERCIAL AUTO COVERAGE)

NOTE: PROCESSING WILL BE DELAYED IF "ALL" LINE ITEMS ARE NOT COMPLETE, PLEASE COMPLETE.  
USE "N/A" IF A LINE ITEM DOES NOT APPLY. ONCE COMPLETED FAX TO 713-655-0338. THANKS IN ADVANCE.

REFERRED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

INSURED NAME: \_\_\_\_\_ DOB \_\_\_\_\_ SS#/TAX ID \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ YRS IN OCC \_\_\_\_\_ MARRIED \_\_\_ Y \_\_\_ N

INSURED MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

HM PH# \_\_\_\_\_ WK PH# \_\_\_\_\_ CELL# \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDITIONAL INSURED: \_\_\_\_\_ DOB \_\_\_\_\_ SS#/TAX ID \_\_\_\_\_

(PLEASE CHECK COVERAGE (S) DESIRED): \_\_\_ HOME \_\_\_ RENTAL \_\_\_ FLOOD

INSURED PROPERTY ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST \_\_\_\_\_

COUNTY: \_\_\_\_\_ ZIP \_\_\_\_\_

CONSTRUCTION TYPE: \_\_\_ FRAME \_\_\_ BRICK \_\_\_ METAL YR BUILT: \_\_\_\_\_ SQ.FT.: \_\_\_\_\_ #OF BED ROOMS \_\_\_\_\_

ROOF TYPE: \_\_\_\_\_ # STORIES \_\_\_\_\_ OCCUPIED BY: \_\_\_ OWNER \_\_\_ TENANT \_\_\_ VACANT

DATE PURCHASED: \_\_\_\_\_ PURCHASE PRICE: \_\_\_\_\_ DESIRED AMOUNT OF COVERAGE: \_\_\_\_\_

UPDATES ON: WIRING \_\_\_\_\_ YR. ROOF \_\_\_\_\_ YR. PLUMBING \_\_\_\_\_ YR. HEATING \_\_\_\_\_ YR.

SWIMMING POOL: \_\_\_ YES \_\_\_ NO APPROVED FENCE: \_\_\_ YES \_\_\_ NO DIVING BOARD: \_\_\_ YES \_\_\_ NO

MONITORED ALARM SYSTEM: \_\_\_ YES \_\_\_ NO SMOKE DETECTOR: \_\_\_ YES \_\_\_ NO FIRE EXTINGUISHER: \_\_\_ YES \_\_\_ NO

DEAD BOLT: \_\_\_ YES \_\_\_ NO DOG OR LIVESTOCK: \_\_\_ YES \_\_\_ NO TYPE: \_\_\_\_\_

ANY LOSSES: \_\_\_ YES \_\_\_ NO IF YES, DATE, AMOUNT, & TYPE OF LOSSES: \_\_\_\_\_

MORTGAGE CO: \_\_\_\_\_ PH # \_\_\_\_\_ FAX # \_\_\_\_\_

(PLEASE CHECK COVERAGE (S) DESIRED): \_\_\_ HOME \_\_\_ RENTAL \_\_\_ FLOOD

INSURED PROPERTY ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST \_\_\_\_\_

COUNTY: \_\_\_\_\_ ZIP \_\_\_\_\_

CONSTRUCTION TYPE: \_\_\_ FRAME \_\_\_ BRICK \_\_\_ METAL YR BUILT: \_\_\_\_\_ SQ.FT.: \_\_\_\_\_ #OF BED ROOMS \_\_\_\_\_

ROOF TYPE: \_\_\_\_\_ # STORIES \_\_\_\_\_ OCCUPIED BY: \_\_\_ OWNER \_\_\_ TENANT \_\_\_ VACANT

DATE PURCHASED: \_\_\_\_\_ PURCHASE PRICE: \_\_\_\_\_ DESIRED AMOUNT OF COVERAGE: \_\_\_\_\_

UPDATES ON: WIRING \_\_\_\_\_ YR. ROOF \_\_\_\_\_ YR. PLUMBING \_\_\_\_\_ YR. HEATING \_\_\_\_\_ YR.

SWIMMING POOL: \_\_\_ YES \_\_\_ NO APPROVED FENCE: \_\_\_ YES \_\_\_ NO DIVING BOARD: \_\_\_ YES \_\_\_ NO

MONITORED ALARM SYSTEM: \_\_\_ YES \_\_\_ NO SMOKE DETECTOR: \_\_\_ YES \_\_\_ NO FIRE EXTINGUISHER: \_\_\_ YES \_\_\_ NO

DEAD BOLT: \_\_\_ YES \_\_\_ NO DOG OR LIVESTOCK: \_\_\_ YES \_\_\_ NO TYPE: \_\_\_\_\_

ANY LOSSES: \_\_\_ YES \_\_\_ NO IF YES, DATE, AMOUNT, & TYPE OF LOSSES: \_\_\_\_\_

MORTGAGE CO: \_\_\_\_\_ PH # \_\_\_\_\_ FAX # \_\_\_\_\_

### PRIOR COVERAGE:

Name of Carrier \_\_\_\_\_ Policy limits/Dwelling Contents \_\_\_\_\_

Expiration Date \_\_\_\_\_ Desired time for new coverage \_\_\_\_\_

Remember, for all your Auto, Life, Health, Dental, Commercial, or Property Insurance needs, please call us.  
We are here to serve.