

# Grona Boles & Martin

INSURANCE AND FINANCIAL SERVICES

## HAZARD INSURANCE REQUEST FORM

**INSURED NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Fax No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PROPERTY:**

**Address:** \_\_\_\_\_

**Legal Desc:** \_\_\_\_\_

**Square Feet** \_\_\_\_\_ **Yr Build** \_\_\_\_\_ **Construction** \_\_\_\_\_

**Flood Insurance Required? Yes or No (Please Circle One)**

**Wind Insurance Required? Yes or No (Please Circle One)**

**MORTGAGE:**

**Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax No.:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Loan No.;** \_\_\_\_\_

**ESCROW?** Yes or No (Please Circle One)

**RENEWAL DATE:** \_\_\_\_\_

**I appoint Grona Boles and Martin Insurance to write my hazard Insurance for the property address listed above. With receipt of this request please release information and premium as requested.**

\_\_\_\_\_  
\_\_\_\_\_  
Applicant(s) Signature

Please contact Chris Bloxsom at [cbloxsom@gronaboles.com](mailto:cbloxsom@gronaboles.com) or call (210) 366-5094