

Castle Insurance Services
975A Bristol Pike
Bensalem PA 19020

Homeowner/Fire Policy Request

1. Complete application & Fax to 215-693-6289

Policy Holder Information

#1. Name: _____ SSN: _____

#2. Name: _____ SSN: _____

Contact Number: _____ Date of Birth: _____

Property Address: _____

Home Address
(if different from property address): _____

Type of policy: Homeowner _____ Fire _____

Owner Occupied: Yes No Vacant: Yes No

Property Information

Type of Home: Single _____ Row _____ Twin _____ Condo _____

Type of Heat: Gas _____ Electric _____ Oil _____

Approximate age of home _____ Square Footage _____

Dwelling Amount: \$ _____ # units _____

Mortgage Information (Fill in if applicable)

Mortgage Company Name & Address: _____

Loan #: _____ Escrowing: Yes No

Date of Settlement: _____

- This quote is requested by: _____
- Phone Number _____
- Fax Number _____

If there are any questions, please call 215-891-9801. Thank You!