



APPLICATION FORM

Printable Version

Please fill in all information

HOMEOWNER AND PROPERTY INFORMATION

Homeowners Name: _____
First Last

Co-Homeowners Name: _____
First Last

Preferred Phone Number: _____ Cell: _____

Fax Number: _____ E-Mail Address: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from Property Address): _____

City: _____ State: _____ Zip: _____

Homestead Year: _____ Homestead Exemption Number: _____

Single Family Dwelling: YES NO Site Built: YES NO Year Built: _____

OTHER INFORMATION

Is home listed on the National Register of Historic Places: YES NO

Insurance Company: _____ Policy Number: _____

Is Home Insured for Windstorm Damage: YES NO Expiration Date: _____

Insured Value: \$ _____ Dwelling/Coverage A: \$ _____ Premium: \$ _____

Wind Storm Premium: \$ _____ Wind Deduction: \$ _____ Wind Deduction percent: _____%

Homeowners Signature Date

Co-Homeowners Signature Date

PLEASE Print, sign and E-MAIL, FAX, OR DROP OFF A COPY OF THIS FORM PRIOR TO SETTING AN APPOINTMENT

RETROFIT SOUTHWEST FLORIDA, INC.
3514 Radio Road, Naples, FL 34104
239-877-0996
Jeff.johnson@retrofitswfla.org

Location
*We are located upstairs of the Tamiami Builders Office
(West door), located in front of the Cain Jones Storage*