



Date: _____

HOMEOWNER'S QUESTIONNAIRE

Name: _____

Address (Property Location): _____

Phone Number: _____ Birthdate: _____

Current Insurance Co.: _____ Expiration Date: _____

Occupation: _____ Employer: _____

SSN#: _____

Spouse's Name: _____ Spouse's SSN#: _____

Spouse's Birthdate: _____

Spouse's Occupation: _____ Spouse's Employer: _____

DWELLING INFORMATION

Year of Construction: _____ Acres: _____ Foundation: _____ Number of families: _____

Stories: 1 1 ½ 2 2 ½ Bi-Level Tri-Level

Material of Exterior Walls: _____

Basement Walkout? Yes No

Ground Floor sq. footage: _____ Total living area: _____ Basement sq. footage: _____

Basement finished? Yes No

If basement partially finished, what sq. footage: _____ Type of heating: _____

Do you have circuit breakers? Yes No If you have a fuse box, what amperage? _____

Can you see at least five homes? Yes No

Year of last updates for the following:

Heating: _____ Partial update Complete update

Plumbing: _____ Partial update Complete update

Wiring: _____ Partial update Complete update

Roof: _____ Partial update Complete update Material: _____

How many full baths? _____ Half baths (less than 3 fixtures)? _____



Please indicate the number of the following features you have in your home:

Fireplace How Many? _____ How many chimneys? _____ How many hearths? _____
How many inserts? _____

Wood burning stove or wood stove insert Is it UL approved? Yes No Stove location: _____

Porch Sq. ft. enclosed: _____ Sq. ft. open: _____ 3 season? Yes No

Breezeway Sq. ft.: _____

Any built-in appliances? _____

Balcony or deck? Sq. ft.: _____

Central air conditioning: Yes No Wall Unit: Yes No

Extras (e.g. security system) please describe: _____

Exterior extras (e.g. large detached building, pool, trampoline): _____

Garage: Number of cars: _____ Detached Attached

Number of smoke detectors: _____

Any additions? Yes No Sq. footage if yes: _____ Is there a basement underneath? Yes No

Do you have a fire alarm? Yes No Burglar alarm? Yes No

Is the fire alarm hooked up to a Central Station? Yes No

Is it hooked up to the Fire Department? Yes No

Is it hooked up to the Police Station? Yes No

Distance to nearest fire hydrant in feet: _____

Distance to responding fire station in miles: _____

Responding fire department: _____

Desired deductible: 500 1,000

Desired liability: 300,000 500,000

What value would you like your home insured for? (What is the replacement value on your home, check your current policy) _____

If you have a pool, please answer the following:

Is there a fence surrounding the pool? Yes No

Is there a diving board? Yes No

Is there a slide? Yes No

Is the pool above ground or in-ground? _____



Pets – list how many:

Dogs: _____ Breeds: _____ Has it ever bitten anyone? Yes No
Cats: _____ Breeds: _____ Has it ever bitten anyone? Yes No
Horses: _____ Breeds: _____ Has it ever bitten anyone? Yes No
Farm Type Animals: _____ Breeds: _____ Has it ever bitten anyone? Yes No

Do you own any specialty items, such as jewelry, fine arts, computers, furs, musical instruments, guns, antiques, or sporting equipment that you would like to insure separately? Yes No

If yes, list the items and the value:

Do you own a boat? Yes No

Year: _____ Make: _____ Model: _____ Length: _____ Value: _____

Year: _____ Make of motor: _____ Inboard Outboard Horsepower: _____

Value: _____

Year: _____ Make of trailer: _____ Model: _____

Length: _____ Value: _____

Do you own any recreational vehicles? Yes No

ATV Jet Ski Snowmobile Dirt/Trail Bike

Please list:

Year: _____ Make: _____ Model: _____ CC: _____ Value: _____

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Year: _____ Make: _____ Model: _____ CC: _____ Value: _____

Do you rent any part of your home or garage? Yes No

Do you own any rental property? Yes No How many? _____ Kind (apt./home): _____

Location: _____ Value: _____

Do you own another home? Yes No Secondary Seasonal

Location: _____ Value: _____



Any in-home or on-premises businesses (e.g. Avon, Mary Kay, Amway, paper route, baby-sitting, piano lessons, fix cars, etc.)? Yes No Type of business if yes: _____

Have you been cancelled or non-renewed? Yes No If yes, when? _____

List any losses/claims from the past five years:

Date of loss: _____ Amount of loss: _____ Type: _____

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