



Date: _____

*Provide Driver License, Vehicle Registration, Insurance Card, Surrender Tag Receipt, Dec Page

Homeowners Insurance Questionnaire

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ SSN: _____

Time at Address: _____ (Previous address if <1year)

Marital Status: _____

Gender: M / F

Home Phone: _____

Cell Phone: _____

Highest Level of Education (After High School) Completed: _____

Employer: _____

Occupation: _____

City: _____

State: _____ Employment Time: _____

Additional Insured's

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

DOB: _____ SSN: _____

DOB: _____ SSN: _____

Gender: M / F Smoker? Y / N

Gender: M / F Smoker? Y / N

Education Level: _____

Education Level: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Property Information:

Property Address: _____

City: _____ State: _____ Zip: _____

Purchase Date: _____ Purchase Price: \$ _____ Year Built: _____

Number of Units in Bldg: _____ Number of Occupants: _____ Occupancy: Owner / Vacant

Sq. Footage: _____ (Or Room Count & Size on back) Occupied during the Daytime? Y / N

Building Data

Style of Home: Ranch Contemporary Bungalow Victorian 1 Story 2 Story 3 Story Twin
Condo Split Level Colonial Row End Unit Row Center Unit Other: _____

Foundation: Slab / Crawl Space / Basement - % Basement Finished: _____%

Garage: Attached Built-In Carport Basement Detached None How many cars? _____

Construction – Exterior Walls (Percentage)

Brick / Masonry Veneer ___% Stone Veneer ___% Stucco On Masonry ___%

Aluminum / Vinyl / Wood Siding ___% Other _____%

Interior Walls & Ceilings (Percentage)

Drywall / Plasterboard _____%

Wall Coverings (Percentage)

Paint ___% Wall Paper ___% Ceramic Tile ___% Paneling ___% Mirrors ___%

Flooring (Percentage)

Hardwood ___% Wall-to-Wall Carpet ___% Carpet over Hardwood ___%

Vinyl / Ceramic Tile ___% Other: _____%

Roof Covering

Asphalt Rubber Wood Shingles Tar & Gravel Polycarbonate Other: _____

Protection Devices

Smoke Detector Fire Extinguisher Dead Bolt Locks Fire / Burglar Alarm Sprinklers

Heating & Cooling

Central Air: Y / N Type of Heat: Gas / Electric / Oil

If Oil Tank: Above Ground Tank / In Ground Tank Age of Tank: _____ Years

Date Tank Last Service _____ Maintenance Agreement: Y / N

How often is maintenance Scheduled? _____

Year of Updates:

Heating _____ Electrical _____ Plumbing _____ Roof _____

Bathrooms: # Full Baths _____ # Half Baths _____

Additional Property Information

Any business being conducted on property? (Daycare, Hair Salon, Etc)

Fireplace: Y / N Gas / Combustion / Electric Single / Double

Deck: Y / N Type of Deck: _____ Square Ft. _____

Swimming Pool: Y / N Above Ground / In Ground Fenced? Y / N

Sliding Board / Diving Board Trampoline: Y / N

Porch: Y / N Open / Enclosed Square Ft. _____

Shed: Y / N Dogs? Y / N Breed? _____ Bite History? Y / N

Are you in a Flood Zone? Y / N

Any claims in the Past Five Years? Y / N When? _____

Type of Claim _____ Payout Amount _____

Currently Insured? Y / N **Present Insurance Company:** _____

Exp. Date: _____ Current Dwelling Coverage: _____ Annual Premium: _____

Mortgage Information: _____

_____ **Loan#:** _____

Insurance Payment: Escrowed / Insurance Billed

***Referral Source:** _____ Friend/Family: _____