



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

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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: \_\_\_\_\_