



Date: _____

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

Tenant Occupied 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

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: Tenant / 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

Year of Updates:

Heating _____ Electrical _____ Plumbing _____ Roof _____

Bathrooms: # Full Baths _____ # Half Baths _____

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? _____

Tenant Screening: (circle all that apply):

Credit Check Eviction Search Skip Search Criminal Background Check No Pets

HO4 Tenant Policy on File Property Managed by Managed Company No Smoking

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:** _____