



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: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ CC: \_\_\_\_\_ Value: \_\_\_\_\_

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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