

# HOMEOWNER QUESTIONNAIRE

Producer: \_\_\_\_\_

IN CONNECTION WITH THIS QUOTATION FOR INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. THE PERSON COMPLETING THIS FORM MUST INITIAL HERE \_\_\_\_\_ INDICATING THEY HAVE READ THIS STATEMENT AND PERMISSION IS GIVEN.

NAME

DEEDED OWNER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT: \_\_\_\_\_

MONTH AND YEAR PURCHASED: \_\_\_\_\_

PREVIOUS ADDRESS IF AT THIS LOCATION UNDER 3 YEARS: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

IS THIS A NEW PURCHASE? \_\_\_\_\_ IF YES, PURCHASE PRICE: \_\_\_\_\_ CLOSING DATE: \_\_\_\_\_

CURRENT DWELLING LIMIT: \_\_\_\_\_ LIABILITY LIMIT: \_\_\_\_\_ DEDUCTIBLE: \_\_\_\_\_

YEAR BUILT: \_\_\_\_\_ SQUARE FOOTAGE OF HOME: \_\_\_\_\_

ARE THERE ANY DETACHED STRUCTURES? \_\_\_\_\_ IF YES, SQUARE FOOTAGE: \_\_\_\_\_

CONSTRUCTION:      FRAME      BRICK      STONE      LOG HOME      DOUBLEWIDE

EXTERIOR COVER:    WOOD      ALUMINUM      VINYL      BRICK      SHINGLES      OTHER \_\_\_\_\_

NUMBER OF STORIES: \_\_\_\_\_ STYLE OF HOME: \_\_\_\_\_ NUMBER OF FAMILIES: \_\_\_\_\_

IS THERE A GARAGE? \_\_\_\_\_ IS IT:    ATTACHED    DETACHED    BUILT-IN    SQUARE FOOTAGE: \_\_\_\_\_

NUMBER OF FULL BATHROOMS: \_\_\_\_\_ NUMBER OF HALF BATHROOMS: \_\_\_\_\_

IS THERE A FIREPLACE? \_\_\_\_\_ WOODSTOVE? \_\_\_\_\_ ANY OTHER ALTERNATE HEATING: \_\_\_\_\_

WAS THE WOODSTOVE PROFESSIONALLY INSTALLED? \_\_\_\_\_

OCCUPANCY:    PRIMARY      SECONDARY      SEASONAL      IS HOME ON OVER 5 ACRES? \_\_\_\_\_

IS THE BASEMENT:    FINISHED    UNFINISHED    SLAB    CRAWLSPACE    WHAT PERCENTAGE IS FINISHED? \_\_\_\_\_

DO YOU HAVE A SUMP PUMP? \_\_\_\_\_

PORCH:    OPEN      CLOSED      SCREENED    SQUARE FOOTAGE OF PORCH: \_\_\_\_\_

DECK SQUARE FOOTAGE: \_\_\_\_\_ CENTRAL AIR: \_\_\_\_\_

POOL:    ABOVE GROUND      IN GROUND      FENCED      DIVING BOARD and/or SLIDE

PETS? \_\_\_\_\_ IF YES, PLEASE LIST THE BREED OR MIX BREED: \_\_\_\_\_

DOES ANYONE IN THE HOME SMOKE? \_\_\_\_\_ IS YOUR HOME VISIBLE FROM THE MAIN ROAD? \_\_\_\_\_ IS YOUR HOME VISIBLE TO

AT LEAST THREE NEIGHBORS: \_\_\_\_\_ DO YOU OWN A TRAMPOLINE and/or BIKE/SKATEBOARDING RAMP: \_\_\_\_\_

DOES THE HOME HAVE ANY OF THE FOLLOWING: (Check All That Apply)

**SMOKE ALARMS**    **DEAD BOLT LOCKS**    **FIRE EXTINGUISHER**    **CENTRAL STATION FIRE ALARM**    **CENTRAL STATION BURGLAR ALARM**    **CENTRAL STATION WATER ALERT**    **DIAL OUT WATER ALERT SYSTEM**    **LOW TEMPERATURE MONITOR**  
**GENERATOR HARDWIRED**    **GENERATOR PORTABLE**

RESPONDING FIRE DEPARTMENT: \_\_\_\_\_ MILES TO FIRE DEPARTMENT: \_\_\_\_\_  
ARE THERE HYDRANTS WITHIN 1000 FEET OF YOUR HOME? \_\_\_\_\_

ROOF AGE: \_\_\_\_\_ ROOF COVER: \_\_\_\_\_  
PLUMBING:    **COPPER**    **PVC**    **MIXED**    YEAR OF LAST PLUMBING UPDATE: \_\_\_\_\_

HEATING TYPE:    **OIL**    **GAS**    **ELECTRIC**    AGE OF HEATING SYSTEM: \_\_\_\_\_ DATE OF LAST SERVICE: \_\_\_\_\_  
IS YOUR FURNACE SERVICES ANNUALLY? \_\_\_\_\_ IF OIL HEAT, WHERE IS THE OIL TANK LOCATED? \_\_\_\_\_  
IF THE TANK IS BURIED UNDERGROUND, WHAT IS THE AGE OF THE TANK? \_\_\_\_\_  
IF THE TANK IS ABOVE GROUND, DO THE LINES RUN BELOW GROUND OR UNDER CEMENT SLABS? \_\_\_\_\_

IS THE ELECTRIC ON CIRCUIT BREAKERS? \_\_\_\_\_ NUMBER OF AMP SERVICE: \_\_\_\_\_

NAME AND ADDRESS OF MORTGAGE COMPANY: \_\_\_\_\_  
WILL YOUR HOME PREMIUM BE PAID OUT OF AN ESCROW ACCOUNT? \_\_\_\_\_  
MORTGAGE LOAN NUMBER: \_\_\_\_\_

DO YOU BELONG TO A HOMEOWNER ASSOCIATION? \_\_\_\_\_  
ARE ANY STRUCTURES ON YOUR PROPERTY RENTED TO OTHERS? \_\_\_\_\_  
IS THERE ANY BUSINESS CONDUCTED ON THE PREMISES? \_\_\_\_\_  
IF YES, PLEASE LIST THE DETAILS: \_\_\_\_\_  
DO YOU HAVE ANY LIVE-IN RESIDENCE EMPLOYEES? \_\_\_\_\_ IS YES, DETAILS: \_\_\_\_\_  
DO YOU HAVE ANY VALUABLES THAT NEED TO BE SCHEDULED? \_\_\_\_\_  
DO YOU OWN ANY OTHER HOMES OR CONDO'S? \_\_\_\_\_ IF YES, ADDRESS: \_\_\_\_\_

CURRENT HOME INSURANCE CARRIER: \_\_\_\_\_ HOW LONG WITH THIS COMPANY? \_\_\_\_\_  
ARE YOU CURRENTLY BEING CANCELLED? \_\_\_\_\_ IF YES, WHY? \_\_\_\_\_  
ANY LOSSES REPORTED WITHIN THE LAST 5 YEARS? \_\_\_\_\_

ARE YOU INTERESTED IN A FLOOD QUOTE? YES    NO  
ARE YOU INTERESTED IN EARTHQUAKE INSURANCE? YES    NO  
ARE YOU INTERESTED IN IDENTITY THEFT COVERAGE? YES    NO  
ARE YOU INTERESTED IN A PERSONAL UMBRELLA QUOTE? YES    NO  
DO YOU CURRENTLY HAVE AUTO INSURANCE? YES    NO  
IF YES, ARE YOU INTERESTED IN A QUOTE? YES    NO  
IF POSSIBLE, PLEASE FORWARD A COPY OF YOUR CURRENT POLICYS O WE CAN QUOTE COMPARABLE COVERAGE.

I HAVE REVIEWED THE INFORMATION LISTED ON THIS QUESTIONNAIRE AND VERIFY THAT IT IS ACCURATE AS OF THIS DATE.