

HOMEOWNER QUESTIONNAIRE

Name: _____ Home Phone: _____
 Residence Address: _____ Cell Phone: _____
 Mailing Address: _____ Fax: _____
 Email _____

<u>Owner</u>	<u>Co-Owner/Spouse</u> (if applicable)
Date of Birth _____	Date of Birth _____
Social Security # _____	Social Security # _____
Occupation _____	Occupation _____

Residence Primary Secondary Closing Date _____

Proximately to water _____

Purchase Price \$ _____ Mortgage Amount \$ _____ Contents \$ _____

Prior Carrier _____ Policy # _____ Exp date _____

Any losses in past 3 years? No Yes Please explain -- _____

Style of House: Ranch Colonial Bi-Level

Construction: Frame Masonry Stucco

Year Built _____ Sq Feet _____ Type of roof _____ Peaked Flat

of families _____ # of Occupants _____ Garage No Yes If yes, # of cars _____

Central Air? Yes No

of Baths _____ ½ baths _____

Basement? Finished? Yes No Dogs? No Yes Breed _____

Type of Heat: Oil Location of tank _____ Tank Coverage _____
 Gas Electric

Swimming Pool: No Yes (Above ground or in ground) Is pool fenced? Yes No

Trampoline: Yes No

Please fill in year updated (For houses over 25 years old)

Roof _____ Plumbing _____ Electric _____ Heating _____

Alarm Systems? No Yes (Fire Smoke Burglar) Local or Central Station

Coverage:

Dwelling _____
 Liability _____
 Deductible _____

Are you interested in Flood policy Auto policy Umbrella Policy