

HOMEOWNER QUESTIONNAIRE

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

Owner _____ Co-Owner/Spouse (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 _____ 1/2 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