

HOMEOWNERS INSURANCE QUESTIONNAIRE

Agent: _____

Effective Date: _____

OWNER/APPLICANT INFORMATION

Name		DOB		SSN	
Occupation		Education			

SPOUSE/CO-OWNER INFORMATION (if applicable)

Name		DOB		SSN	
Occupation		Education			

Mailing Address					
City		State		Zip	
Home Phone		Cell Phone			
Fax					
Email Address					
County		Years at Address			

Location Address (if different)					
City		State		Zip	
Dogs	☐ No ☐ Yes (breed):				
Do you do anything from home that generates a revenue?	☐ No ☐ Yes (explain):				
Do you have any residence employees/servants/housekeepers /etc?	☐ No ☐ Yes (explain): Weekly Hours worked?				

Previous Address (if new purchase)					
Previous City		Previous State		Previous Zip	

HOME INSURANCE

Current Carrier		X-Date		Premium	
Policy Number					
Losses in Past 5 Years?	☐ No ☐ Yes (explain)	Date		Amount	
	Cause of Loss:				

CURRENT COVERAGE

Dwelling – A	\$	Other Structures – B	\$
Contents – C	\$	Loss of Use – D	\$
Liability – E	\$	Medical Payments	\$
Deductible	\$	Personal Umbrella?	☐ Y ☐ N

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ADDITIONAL COVERAGE			
Water/Sewer Backup	☐ Y ☐ N	\$	ID Theft ☐ Y ☐ N
Earthquake	☐ Y ☐ N	Deductible: %	
SCHEDULE			
Jewelry		Collectibles	Firearms
Golf Equipment		Cameras	Furs
Silverware			
Other			

HOME INFORMATION							
Purchase Date		Closing Date		Purchase Price			
Mortgage Amount		Contents Amount		1 st Time Homebuyer?	☐ Yes ☐ No		
Quality	☐ Builders-Grade ☐ Semi-Custom ☐ Custom						
Year Built		Sq. Ft.		# of Stories		# of Bathrooms	
Occupancy	☐ Primary ☐ Secondary	☐ Vacant ☐ Tenant	Number of Families		Number of Occupants		
UPDATES (fill in year)							
Electrical		Plumbing		Heating		Roof*	Roof Material

*If your roof is newer than 2002, please request a wind mitigation inspection.

Construction Type	☐ Frame ☐ Brick ☐ Veneer ☐ Siding ☐ Stucco ☐ Mixed	Style of Home	☐ Ranch ☐ Colonial ☐ Bi-Level ☐ Other: _____
Is the Home under Construction?	☐ Yes ☐ No		
Do you have Solar Panels?	☐ Yes ☐ No Number of Panels? Number of Kilowatts? Total Cost? Sqft of the Panels: Manufactor Where is the Solar Panel Box located in the home?		
Type of Roof	☐ Peaked ☐ Flat		
Foundation Type	☐ Slab ☐ Crawlspace ☐ Basement: Finished _____% Unfinished _____%		
Heat Type	☐ Gas ☐ Electric ☐ Oil (include location of tank and tank coverage):		
Wall Finish	☐ Drywall ☐ Plaster ☐ Other: _____	Ceiling Finish	☐ Drywall ☐ Plaster ☐ Textured ☐ Other: _____

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Floor Finish	☐ Carpet _____% ☐ Tile _____% ☐ Hardwood _____% ☐ Linoleum _____% ☐ Other: _____				
Garage	☐ No ☐ Yes (number of cars): _____	Central Air ☐ Yes ☐ No	Trampoline ☐ Y ☐ N		
Swimming Pool	☐ No ☐ Yes	☐ Above Ground ☐ Inground	Fenced Yard/Gate for Pool Fence with Lock	☐ Y ☐ N ☐ Y ☐ N	Diving Board ☐ Y ☐ N

Responding FD		Feet to Hydrant		Miles to Station		PC	
Located Within City Limits	☐ Y ☐ N	Visible to Neighbor	☐ Y ☐ N	Proximity to Water			
Alarm System	☐ No ☐ Yes (check appropriate boxes): ☐ Fire ☐ Smoke ☐ Burglar					☐ Local ☐ Central	
Mortgage Company	Name: Address: Loan #						

OTHER INSURANCE

Are you interested in a quote for other coverages?	☐ No ☐ Yes: ☐ Flood ☐ Auto ☐ Umbrella ☐ Watercraft ☐ Other: _____
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