

HOMEOWNERS INSURANCE QUESTIONNAIRE

General Information											
Primary Insured Name:				Date of Birth:							
Occupation:				Social Security Number:							
Marital Status:		Phone Number:			Email:						
Secondary Insured Name:				Date of Birth:							
Occupation:				Social Security Number:							
Marital Status:		Phone Number:			Email:						
Additional Family Members:		Name:		Date of Birth:							
		Name:		Date of Birth:							
Pets in the Household:		Species:		Breed:							
		Species:		Breed:							
Current Insurance Information											
<i>If this is a newly purchased house, please disregard this section.</i>											
Is there coverage currently in force?				<input type="checkbox"/> Yes			<input type="checkbox"/> No				
Current Agent:											
Mailing Address:											
City:		State:			Zip Code:						
Phone Number:		Fax:			Email:						
Current Insurance Company:				Years With:							
Policy Numbers:											
Current Coverage Summary											
Coverage A (Building Value):				Coverage D (Additional Expense):							
Coverage B (Other Structures):				Coverage E (Liability):							
Coverage C (Personal Property):				Coverage F (Medical Payments):							
Deductible:											
Property Information											
Street Address:											
City:		State:			Zip Code:						
Construction Type:				<input type="checkbox"/> Frame			<input type="checkbox"/> Brick, Stone or Masonry				
				<input type="checkbox"/> Frame with Aluminum or Plastic Siding			<input type="checkbox"/> Brick, Stone or Masonry Veneer				
Year Built:		Total Sq. Footage:			Number of Stories:						
Roof Type:		<input type="checkbox"/> Asphalt		<input type="checkbox"/> Aluminum		<input type="checkbox"/> Shakes		<input type="checkbox"/> Other		Roof Age:	
Garage:		<input type="checkbox"/> Attached		<input type="checkbox"/> Detached		<input type="checkbox"/> No Garage					
		<input type="checkbox"/> One Car		<input type="checkbox"/> Two Car		<input type="checkbox"/> Three Car					
Basement:		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Swimming Pool:		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Fireplace:		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Trampoline:		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Renovation Years:		Plumbing			Heating			Electrical			
Fire Alarm:		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Burglar Alarm:		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Home Security System:		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Monitoring Company:					
Additional Interests/Mortgagee Information											
Company Name:											
Mailing Address:											
City:		State:			Zip Code:						
Type of Interest:				Loan Number:							
Optional Coverage											
Identity Fraud Coverage		<input type="checkbox"/> Yes			<input type="checkbox"/> No						
Flood Insurance		<input type="checkbox"/> Yes			<input type="checkbox"/> No						
Sewer & Drain Backup		<input type="checkbox"/> \$1,000			<input type="checkbox"/> \$5,000		<input type="checkbox"/> \$20,000		<input type="checkbox"/> \$25,000	<input type="checkbox"/> None	
Jewelry & Furs		<input type="checkbox"/> \$5,000		<input type="checkbox"/> \$10,000		<input type="checkbox"/> \$15,000		<input type="checkbox"/> \$20,000		<input type="checkbox"/> \$25,000	<input type="checkbox"/> None
Scheduled Personal Property		<input type="checkbox"/> Yes			<input type="checkbox"/> No			If so, please detail below.			
Watercraft		<input type="checkbox"/> Yes			<input type="checkbox"/> No			If so, please detail Make/Model, Engine & Trailer below.			
Additional Comments, Questions or Remarks											