



Referred By: _____

New Purchase Y/N: _____

Desired Effective Date: _____

Homeowners Insurance Questionnaire

Named Insured(s): _____ Married _____ Single _____

Property Address: _____

Other Address: _____

Contact Info: Cell# _____ Home# _____

Other# _____ Email: _____

Date of Birth (1) _____ (2) _____

Social Security # (1) _____ (2) _____

Occupation: (1) _____ (2) _____

Property & Under Writing Information

Usage: Primary _____ Secondary _____ Seasonal _____ Rental _____ Vacant _____ **Distance water:** _____

Year Built _____ **Stories:** _____ **Families:** _____ **SqFt:** _____ **Baths:** Full _____ Half _____ **Kitchen** _____

Style: Row _____ Bi-Level _____ Split Level _____ Cape Cod _____ Colonial _____ Ranch _____ Condo _____ Other _____

Construction: Frame _____ Brick _____ **Siding:** Vinyl _____ Brick Veneer _____ Stone _____ Clap Board _____ Other _____

Roof: Flat _____ Gable _____ Hip _____ **Clearance:** _____ **Garage#:** _____ Attach: _____ Detach: _____ Built: _____

Foundation: Basement _____ Slab _____ Crawl _____ **If Basement:** Finished _____ Unfinished _____

Heat Type: Gas _____ / Electric _____ / Oil _____ Underground _____ **Central Air:** Y/N _____ **Fireplace:** Y/N _____ # _____

Last updates: Roof _____ Wiring _____ Plumbing _____ Heating _____ **Under Renovation:** Y/N _____

Pool: Y/N _____ Above _____ Inground _____ **If Yes, 4ft fence with self-locking gate:** Y/N _____

Diving Board: Y/N _____ **Slide:** Y/N _____ **Trampoline:** Y/N _____ **If Yes, Netted:** Y/N _____ to Pool or Trampoline:

Alarm System: Y/N _____ Central Burglar Alarm: _____ Central Fire Alarm: _____ **Non-smoker:** Y/N _____

Any Pets: Y/N _____ Type: _____ Number: _____ Breed: _____ Any Bite History: _____

Any claims within the last 3 yrs (if yes, please explain) _____

Has any company Cancelled, Non-Renewed or Refused Coverage: Y/N _____ Explain _____

Any Bankruptcy: Y/N _____ Any Foreclosure (3)years: Y/N _____ Any Lapses: Y/N _____

Current Carrier: _____ Policy Period: _____ Current Premium: _____

Mortgage Amount: _____ Market Value: _____ Replacement Cost: _____

Applicant Confirms all information above provided to insurance agent is true to the best of the applicant's knowledge

Applicant's Signature: _____

Date: _____