

HOMEOWNERS QUESTIONNAIRE



Please provide all information below so that an homeowners quotation may be obtained.

GENERAL INFORMATION:

(ALL NAMES LISTED ON MORTGAGE MUST BE PROVIDED)

	APPLICANT #1	APPLICANT #2
NAME:		
DATE OF BIRTH:		
SOCIAL SECURITY #:		
Address of Property:		
Mailing Address: (If different than Property)		
Previous Address: (If at loc. less than 6 mths.)		
Phone:		
County of Residence:		

RESIDENCE:

	PRIMARY	RENTAL	SEASONAL
Distance from Fire Hydrant:			
Year of Construction:			
Month/Year Home Purchased:			
Primary Source of Heat:			
Occupancy - # of Families:			
# of Mortgages on Property:			
Roof Type:			
Alternate Heat Source:	YES or NO	YES or NO	YES or NO
Type of Heat Source:			
Construction Type:			
Total Living Area:			
Style:			
# of Stories:			
Slab %			
Crawl Space %			
Basement Finished:	YES or NO	YES or NO	YES or NO
# of Decks			
# of Enclosed/Screen Porches			
# of Open Porches			
# of Fireplaces			
Market Value of Home			
# of Attached Garages:			
# of Detached Garages:			

RESIDENCE (Continued):

HOMEOWNERS QUESTIONNAIRE

	PRIMARY	RENTAL	SEASONAL
# of Builders Grade Kitchens:			
# of Custom Kitchens:			
# of Designer Kitchens:			
# of Builders Full Baths:			
# of Builders Half Baths:			
# of Custom Full Baths:			
# of Custom Half Baths			
# of Designer Full Baths			
# of Designer Half Baths			
Other Structures on Property	YES or NO	YES or NO	YES or NO
Type of Structure			
Business Conducted on Property	YES or NO	YES or NO	YES or NO
Type of Business			
Any Dogs in the Household	YES or NO	YES or NO	YES or NO
Breed of Dog			
Swimming Pool on Premises	YES or NO	YES or NO	YES or NO
Type of Pool			
Fence or Locking Gate on Pool	YES or NO	YES or NO	YES or NO
Property Located in a Flood Zone	YES or NO	YES or NO	YES or NO
Water/Sewer Back-Up Requested	YES or NO	YES or NO	YES or NO
Year Updated - Roof			
Year Updated - Furnace			
Year Updated - Electric			
Year Updated - Plumbing			
Circuit Breakers or Fuses			
Deadbolt Locks	YES or NO	YES or NO	YES or NO
Smoke Detectors - All Levels	YES or NO	YES or NO	YES or NO
Fire Extinguishers	YES or NO	YES or NO	YES or NO
Burglar Alarm	YES or NO	YES or NO	YES or NO
Fire Alarm	YES or NO	YES or NO	YES or NO
Sprinkler System	YES or NO	YES or NO	YES or NO
EIFS Construction	YES or NO	YES or NO	YES or NO

MORTGAGEE INFORMATION:

Name of Institution:	
Address:	
Interest:	

HOMEOWNERS QUESTIONNAIRE

Name of Institution:	
Address:	
Interest:	

VALUABLE ITEMS:

(Jewelry, Guns, Furs, Antiques, Stamps, Coins, Art, Etc.)

Description of Item:	
Value:	

Description of Item:	
Value:	

Description of Item:	
Value:	

CURRENT/PREVIOUS CARRIER HISTORY:

	2007	2006
Carrier:		
Expiration Date:		
Premium:		

LOSS HISTORY:

Date of Loss:	
Description of Loss:	

Date of Loss:	
Description of Loss:	

NOTES:
