

# Homeowners Questionnaire

First Name Insured: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Additional Named Insured: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

New Purchase: Y / N \_\_\_\_\_

Occupied: Tenant / Owner \_\_\_\_\_

Effective/Closing Date: \_\_\_\_\_

Year Built: \_\_\_\_\_

Home Currently in Foreclosure: Y / N \_\_\_\_\_

Total Square Footage: \_\_\_\_\_

Home Currently Vacant: Y / N \_\_\_\_\_

If YES - Number of Days: \_\_\_\_\_

Year of Updates - Roof: \_\_\_\_\_

Heating: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Type of Heat: Gas / Oil \_\_\_\_\_

If Oil - Tank Location: \_\_\_\_\_

Was there an Oil Tank Ever on Premise: Y / N \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Number of Families: \_\_\_\_\_

Basement: Finished / Unfinished \_\_\_\_\_

Style of the Home: Ranch / Cape Code / Split Level / Colonial / Other: \_\_\_\_\_

Construction Type: Frame / Masonry / Other: \_\_\_\_\_

Exterior: Vinyl Siding / Brick / Stucco / Other: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_

Foundation: Slab / Crawl Space / Basement \_\_\_\_\_

Roof: Pitched / Flat \_\_\_\_\_

Garage: Y / N \_\_\_\_\_

If Yes - Type: Attached / Detached / Built-in \_\_\_\_\_

Pool: Y / N \_\_\_\_\_

If Yes - Type: Above Ground / In Ground \_\_\_\_\_

Diving Board: Y / N \_\_\_\_\_

Slide: Y / N \_\_\_\_\_

Trampoline: Y / N \_\_\_\_\_

If Yes - Type: With Net / Without Net \_\_\_\_\_

Dog: Y / N \_\_\_\_\_

If Yes - Breed: \_\_\_\_\_

Bite History: Y / N \_\_\_\_\_

If Yes - Explain: \_\_\_\_\_

Current/Prior Insurance Co.: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

Claims: Y / N \_\_\_\_\_

If Yes - Explain: \_\_\_\_\_

Mortgagee Information: \_\_\_\_\_

## Coverage Limits

Dwelling Amount: \_\_\_\_\_

Liability Amount: \_\_\_\_\_

Deductible: \_\_\_\_\_

Umbrella Limit: \_\_\_\_\_