

HOMEOWNERS QUESTIONNAIRE

APPLICANT	Effective Date	Produce	er	
Insured's Name				
Mailing Address	(First)	(Middle)		
Location of Propert				
If new purchase,	·			
Marital Status		Home Phone:		
Applicant	*Email:			
Occupation:	Social Security #:			
Employer				
		Cell Phone #		
Spouse		*Email:		
• Occupation:	Social Security #:			
Employer		Work Phone #		
DOB:	Cell Phone #			
MORTGAGEE IN	IFORMATION			
Mortgagee Name				
Mortgagee Address	S			
Premium Payor: Payment Term Desired:				
RATING INFOR				
Miles to Fire Dept	Responding De	ept	Ft from hydrant	
	re Footage	Number of stories	Year Built	
	Plumbing	Heating	Roof Roof type:	
Basement (B) Crawlspace (C) or Slab (S) Finished (F) or Unfinished (U)				
Construction:	# of Ful	Baths	# of Half Baths	
Garage		Attached	(A) or Detached (D)	
Any Decks?	Size	Size Enclosed (E) or Open (O)		
Any Porches?	Size	Size Enclosed (E) or Open (O)		
Fireplace?		Woodburning Stove or other woodburning device?		
Heat Type?		A/C?	Insured Contractor?	
Pool? If y	ves, is it fenced?	s, is it fenced? Diving board or slide?		
Trampoline? Purchase Price Purchase Date				
Any losses in the p	ast five years? Give date	s, details and amount paic		
Any Pets?	Breed [.]	Kent	Inside (I) or Outside (O)	
	eclared bankruptcy?			
COVERAGE INF				
Present amount of coverage Former Carrier				
Quote Amount Type of Coverage: HO-3, HO-4, HO-6 or DP-3:				
Deductible	Liability Limit Medical Payments Limit			
Replacement cost Dwelling Replacement Cost Contents Earthquake				
Mine subsidence Water Backup Coverage				
	If yes, With Who		If no, X date?	