

Homeowners Questionnaire

Quote Eff. Date: _____ Current Carrier: _____ Renewal Date: _____

Current Premium: _____ Producer: _____ Source: _____

Email: _____ Phone: _____

Name

Birthday

SS#

Occupation

	Name	Birthday	SS#	Occupation
Insured:				
Spouse:				

Property Address: _____ In City Limits? Yes No

County: _____ Home Purchase Date: _____ Purchase Price _____

Purchase Price: _____ Current Mortgage Amount: _____

Coverage to Pay off Mortgage? _____ Years Left on Mortgage: _____

Mortgage Company: _____

Claims last 5 Yrs: _____ Weather Related: _____

Prior Claims Details: _____

Property Details: Coverage Amount: _____ **Deductible:** _____ **Liability Limit:** _____

Construction Year: _____ Construction Type: _____ Number of Stories: _____

Foundation Type: _____ If Basement: Finished _____ Unfinished _____

Finished Basement Square Feet: _____

Roof Type: _____ Fire Place _____ Type: _____

Total Square Footage: _____ Number of Bathrooms: _____ Land- # Acres: _____

Updates: Roof: _____ **HVAC:** _____ **Plumbing:** _____ **Electric:** _____

Fuse box: _____ OR Breaker box: _____

Own Other Property: _____ Fire Dept Name: _____

Miles to Fire Dept: _____ # of Ft to Fire Hydrant under 500ft _____ under 1000ft _____

Pool: _____ **Fenced:** _____ **Trampoline:** _____ **Fence or Netted:** _____

Dogs / Exotic Animals: _____ **Bite History:** _____

Security Alarm: _____ **Local / Central:** _____

Optional Coverages: Guns: _____ **Jewelry:** _____ **Collections:** _____ **Water / Sewer** _____ **Undgrnd Svc Line:** _____ **Equip. Break:** _____ **Sinkhole:** _____

ID Theft: _____ **Flood:** _____ **Comments:** _____
