

Homeowners Questionnaire

Name:		_D.O.B:	SS#:	Occupation:
Spouse:	·	_D.O.B:	SS#:	Occupation:
Address:				
Prior address (if less tha	n 3 yrs):			
H#: C#: _		W#:	E	Email:
Is this your: Primary /	Secondary / Re	ental Proper	ty	
				No -Date Purchased: Insurance Escrowed? Y / N
Policy expiration Have you had a	on date: any lapse in cov cancelled or no	verage in the n-renewed?	e last year? Y / Y / N	
Building Information Year Built:		ny stories: _	Но	ow many families:
				vere updated/replaced: Electric:
Heat Type:				ide & Above or Below Ground Slab or Masonry Floor
Construction Type: Fr	ame/Brick	Siding T		
Total Square Feet of I	House:	(excludin	g basement &	land)
# of Full Bathrooms: _ # of Half Bathrooms: _				
Kitchen Quality: Build	ers Grade/Sem	i-Custom/Cu	ustom	
What is the make up o	•	• •		

Foundation: Basement, Crawlspace or Slab If Basement: Finished or Unfinished?		% Finished:				
Garage: Y / N	Garage: Y / N If Yes : Attached or Detached and # of cars:					
Woodstove: Y / N		& Square feet Enclosed/Open & Sq. Feet:				
	additions or major renova	tions to the home? Y / N				
Do you have a tramp Do you have a pool? Do you have a diving Is the Yard or Pool fu	breaker or Fuses b and tube wiring? Y / N oline? Y / N Y / N board or slide? Y / N lly fenced, with a locked o	If Yes: Where? If Yes: In-ground / Above-ground If Yes: Which one? r self-locking gate? Y / N Type & Breed for each pet: Any Bite History: Y / N				
		Fire/Both & 24-HR Monitored/Local ation (miles)				
	ow? Y / N If Yes : How Inder renovation? Y / N	ong has it been vacant?				
Have you had a bank	ruptcy, foreclosure or repo	ossession in the past 5 years? Y / N				
		other home in the last 3 years? Y / N unt paid by your co:				
	ousiness on the premises?	PY/N				
		u would like to schedule? Y / N e last 3 yrs) for each item:				