

Homeowners Insurance Questionnaire

Referred By

Named Insured (Primary)	SSN	DOB
Named Insured (Secondary)	SSN	DOB
Phone	Email	
Physical Address		County
City	State	Zip
Mailing Address		
City	State	Zip
Township		

Miles to Fire Dept.	FT from Hydrant	Responding Fire Dept.
Within City Limits	Year Built	Construction Type
Exterior Finish		Foundation
If Basement, % finished		SQFT (excluding basement)
# of Stories	# of Baths	
Trampoline	Yes No	Alarm System
		Local Central Burglar Fire
Interior Walls	Drywall Plaster	Central Air
	Yes No	Yes No
Fireplace	If Fireplace	Gas Wood
		Woodstove
		Yes No

Flooring

Carpet %

Tile %

Hardwood %

Vinyl %

Misc.

Updates

Age of Roof

Type

Heat

Type

Age of Plumbing

Type

Electrical Box

Other Structures

Garage

Attached

Detached

of Garage car ports

Shed (Type & SQFT)

Deck (Type & SQFT)

Porch (Type & SQFT)

Pool (Type)

Pool (Depth)

Fenced

Yes

No

Diving Board

Yes

No

Slide

Yes

No

Dogs

Breed

Breed

Breed

Scheduled Personal Property

Description

Value

Description

Value

Description

Value

Name of Current Insurance Company

Effective Date

Number of Years with Company

Current Coverage on Dwelling

Current Deductible

Current Liability Limit

Mortgage Company

Currently escrowed?

If No, Pay Plan

Mortgage Address

City

State

Zip

Notes