

# Homeowners Insurance Questionnaire



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Occupation: \_\_\_\_\_

DOB: \_\_\_\_\_ DL #: \_\_\_\_\_ SS #: \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_

Single Family/Townhouse/Condo    Frame/Brick/Stucco/Vinyl    Pier & Beam/Slab

Number of Stories \_\_\_\_\_ Year Built \_\_\_\_\_

Year Purchased \_\_\_\_\_ Price Purchased \_\_\_\_\_

Mortgage Company \_\_\_\_\_

Age of Roof \_\_\_\_\_ Roof Type \_\_\_\_\_

Year Electrical Updated? \_\_\_\_\_ Year Plumbing Updated? \_\_\_\_\_

Square Footage \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Number of Bathroom \_\_\_\_\_

Garage: Attached or Detached

Fireplace \_\_\_\_\_ Of yes: Gas/Wood

Swimming Pool: \_\_\_\_\_ If yes, is it fenced. \_\_\_\_\_ Trampoline: \_\_\_\_\_

Dogs \_\_\_\_\_ If yes, breed: \_\_\_\_\_

A/C Type \_\_\_\_\_ Security System \_\_\_\_\_

Fire Alarm \_\_\_\_\_

Any Scheduled Items: Enter the amount

Jewelry \_\_\_\_\_ Firearms \_\_\_\_\_ Other \_\_\_\_\_

Have you been denied or turned down coverage in the past 3 years? \_\_\_\_\_

Have you ever been charged with an insurance related crime? \_\_\_\_\_

## **COVERAGES**

Dwelling Limit: \_\_\_\_\_ Personal Effects (Contents): \_\_\_\_\_

Do you want to include theft on the policy? \_\_\_\_\_

Adjacent Structures: \_\_\_\_\_ Personal Liability: \_\_\_\_\_

What is your current deductible: \_\_\_\_\_

Current Yearly Premium: \_\_\_\_\_