

**HOMEOWNER QUESTIONNAIRE**



Owner 1 - Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Owner 2 - Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ Prior Address (If less than 3 years): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Carrier: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

# of Families: \_\_\_\_\_ Miles to Fire Department \_\_\_\_\_ Feet to Hydrant \_\_\_\_\_ County: \_\_\_\_\_

**COVERAGES:** Dwelling: \_\_\_\_\_ Other Structures: \_\_\_\_\_  
 Contents: \_\_\_\_\_ Liability: \_\_\_\_\_  
 Deductible: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

**PROTECTICE DEVICES:** Yes or No

Smoke Detector: \_\_\_\_\_ Central Fire Station: \_\_\_\_\_ Local Alarm: \_\_\_\_\_

Fire Extinguisher: \_\_\_\_\_ Central Station Burglar: \_\_\_\_\_ Deadbolt Lock: \_\_\_\_\_

**EXPOSURES:** Yes or No (Provide Details of any Yes answers in Remarks)

Swimming Pool: \_\_\_\_\_ Fenced \_\_\_\_\_ Diving Board \_\_\_\_\_ Underground Oil Tank: \_\_\_\_\_

Trampoline: \_\_\_\_\_ In-Home Business: \_\_\_\_\_

Dogs (List Breed): \_\_\_\_\_ Total Acreage: \_\_\_\_\_

Collectibles: \_\_\_\_\_ Farm Exposure: \_\_\_\_\_

Watercraft, ATV or Snowmobile: \_\_\_\_\_

Secondary Location: \_\_\_\_\_ Rented to Others: \_\_\_\_\_

**DWELLING:**

Year Built: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Heat Type: \_\_\_\_\_ Fuel: \_\_\_\_\_ Central A/C: \_\_\_\_\_

Construction (Wood/Masonry): \_\_\_\_\_ Any Barns/Outbuildings on Premises: \_\_\_\_\_

**When were the following last updated?**

Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Any Galvanized? \_\_\_\_\_ Electrical: \_\_\_\_\_ Any Fuses? \_\_\_\_\_ Heating: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

**Basement (Y/N):** \_\_\_\_\_ Finished (Y/N): \_\_\_\_\_ **Wall Covering:** Paint: \_\_\_\_\_% Paneling: \_\_\_\_\_%  
 Wallpaper: \_\_\_\_\_% Other: \_\_\_\_\_

**Exterior:** Vinyl \_\_\_\_\_ Clapboard \_\_\_\_\_ Brick \_\_\_\_\_ **Ceiling :** Drywall: \_\_\_\_\_% Plaster: \_\_\_\_\_%  
 Other: \_\_\_\_\_

**Roof:** Composite/Asphalt \_\_\_\_\_ Other \_\_\_\_\_ **Flooring:** Hardwood: \_\_\_\_\_%  
 Carpet over Hardwood: \_\_\_\_\_%

**Garage:** Attached \_\_\_\_\_ Detached \_\_\_\_\_ # Cars \_\_\_\_\_ Wall to Wall: \_\_\_\_\_%

**Other:** Deck - Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Ceramic Tile: \_\_\_\_\_%  
 Vinyl: \_\_\_\_\_%  
 Porch - Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Other: \_\_\_\_\_  
 Open \_\_\_\_\_ or Enclosed \_\_\_\_\_

**Interior (#):** Kitchens: \_\_\_\_\_ Standard or Deluxe? \_\_\_\_\_

Full Baths: \_\_\_\_\_ Half Baths: \_\_\_\_\_

Woodstove: \_\_\_\_\_ Fireplaces: \_\_\_\_\_

**Interior Wall Material:** Drywall: \_\_\_\_\_% Plaster: \_\_\_\_\_% Bay Windows: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_



Name \_\_\_\_\_ Referred By: \_\_\_\_\_  
 Address \_\_\_\_\_ How Long? \_\_\_\_\_  
 Prior Address (If less than 3yrs) \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Email: \_\_\_\_\_  
 Prior Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

**DRIVER INFORMATION:** (Please list everyone living in household)

Full Name	Birth Date	License #	Social Security #	Occupation/Employer
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has anyone completed Defensive Driving in the past 3 years (List date completed):  
 \_\_\_\_\_

**PRIOR LOSS INFORMATION:**

List any accidents, other losses, or convictions in the past 4 years. Please include driver, date of loss, and full details of the accident.

Driver	Date	Description of Accident/Conviction
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has any driver been convicted of DWI/DWAI? \_\_\_\_\_ Details: \_\_\_\_\_  
 Has any driver's license been suspended? \_\_\_\_\_ Details: \_\_\_\_\_

**VEHICLE INFORMATION:**

**Veh 1:** Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN# \_\_\_\_\_  
 Check all that apply: \_\_Airbags \_\_DT Lights \_\_Passive or \_\_Active Anti-Theft \_\_VIN Etching \_\_Anti-Lock Brakes  
 Primary Driver: \_\_\_\_\_ Driven to Work/School? \_\_\_\_\_ One-Way Distance? \_\_\_\_\_ Days per week? \_\_\_\_\_

**Veh 2:** Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN# \_\_\_\_\_  
 Check all that apply: \_\_Airbags \_\_DT Lights \_\_Passive or \_\_Active Anti-Theft \_\_VIN Etching \_\_Anti-Lock Brakes  
 Primary Driver: \_\_\_\_\_ Driven to Work/School? \_\_\_\_\_ One-Way Distance? \_\_\_\_\_ Days per week? \_\_\_\_\_

**Veh 3:** Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN# \_\_\_\_\_  
 Check all that apply: \_\_Airbags \_\_DT Lights \_\_Passive or \_\_Active Anti-Theft \_\_VIN Etching \_\_Anti-Lock Brakes  
 Primary Driver: \_\_\_\_\_ Driven to Work/School? \_\_\_\_\_ One-Way Distance? \_\_\_\_\_ Days per week? \_\_\_\_\_

**COVERAGE DESIRED:**

	Liability	Uninsured Motorist	Comprehensive Deductible	Collision Deductible	Full Glass	Towing Limit	Rental Daily Limit
Veh 1	_____	_____	_____	_____	_____	_____	_____
Veh 2	_____	_____	_____	_____	_____	_____	_____
Veh 3	_____	_____	_____	_____	_____	_____	_____

Personal Injury Protection-PIP    Additional PIP    OBEL    Add'l Death Benefit    Medical Payments

\_\_\_\_\_