

HOME INSURANCE QUESTIONNAIRE

***Applicant** _____ ***D.O.B.** _____ ***Sex** _____

Spouse _____ **D.O.B.** _____

***Applicant's SS#:** _____ ***Spouse's SS#** _____

***Address** _____

Home phone () _____ ***Cell phone ()** _____

How long applicant has owned this home _____

Prior carrier _____

***Year built?** _____ ***Alarm/Home Security** _____

***Construction:**

(Brick, Concrete, Frame, Log, Aluminium, Veneer?) _____

Is wiring updated? _____

Special features:

Garage ____, **# of cars** ____, **# of bath.** ____, **fireplace** ____,

Basement _____ (sq. ft.), **finished?** _____

of stories ____, **Ground floor** _____ (sq.ft.)

***Any losses in the last 3 years?** _____:

COVERAGE:

***Dwelling \$** _____

Personal Property \$ _____

***Deductible \$** _____

Loss of Use \$ _____

Personal Liability \$ _____

Medical Payments \$ _____

Sewer Back-up \$ _____

Scheduled Property:

Jewelry \$ _____ **Silverware \$** _____

Furs \$ _____ **Cameras \$** _____

Other:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Notes _____