

HOMEOWNER POLICY QUESTIONNAIRE

Name:

SSN:

(advise of credit inquiry)

Address:

DOB:

Phone:

Occupation:

Prior Insurance carrier (if applicable):

Dwelling Coverage Amount:

Built on : ?

Slab

Crawlspace

Basement

Construction:

Frame

Masonry

Masonry Veneer

Year Built :

Updates:

Heating / Roof / Plumbing / Wiring

Stories :

of Baths :

Square Footage :

Garage ?

1 or 2 car

Attached / Detached

of Fireplace(s) :

Gas ?

Deadbolt Locks

Smoke Detector

Fire Extinguisher

Alarm - monitored?

City Limits ?

County ?

Distance to Fire Hydrant ?

Distance to Fire Station ?

Any Losses within past 5 years?