

Home Insurance Questionnaire

I. NAME(S) OF ALL THOSE TO BE INSURED

1) _____ Date of Birth: _____ Occupation: _____ SSN#: _____

2) _____ Date of Birth: _____ Occupation: _____ SSN#: _____

HOME PHONE NUMBER: _____ PHONE#2: _____ EMAIL: _____

PRIMARY RESIDENCE ADDRESS: _____

INSURED PROPERTY LOCATION: _____

MAILING ADDRESS: _____

PREVIOUS ADDRESS: _____

HOW MANY YEARS HAVE YOU LIVED AT THE CURRENT ADDRESS? _____

II. DISCOUNTS

FIRE ALARM: Y / N (Central Station Y / N) BURGLAR ALARM: Y / N (Central Station Y / N) BACK UP GENERATOR: Y / N

GATED COMMUNITY: Y / N GATED HOUSE: Y / N RETIRED: Y / N SECURITY CAMERAS: Y / N

STORM SHUTTERS: Y / N FULL TIME CARETAKER: Y / N

TEMPERATURE MONITOR: Y / N SPRINKLERS IN ALL LIVING AREAS: Y / N

III. DWELLING

CONSTRUCTION: (FRAME, BRICK, ETC.): _____ YEAR BUILT: _____ PRIMARY RESIDENCE: Y / N

SQUARE FOOTAGE: _____ # OF STORIES: _____ CIRCUIT BREAKERS: Y / N

ROOF TYPE: _____ YEAR THE ROOF WAS UPDATED: _____ MAJOR RENOVATION YEAR: _____

TYPE OF HEAT: (OIL, GAS, ELECTRIC) _____ YEAR HEATING SYSTEM UPDATED: _____

OF FULL BATH: _____ # OF ½ BATH: _____ # OF FIREPLACE(S): _____ CENTRAL A/C: Y / N

GARAGE: NONE/ATTACHED/DETACHED # OF CAR GARAGE: _____ SWIMMING POOL: Y/N (*Fenced Y / N*)

FOUNDATION TYPE: CONCRETE SLABS / BASEMENT / ENCLOSURE / OTHER: _____

BASEMENT: WHAT % FINISHED: _____ FAMILY PROTECTION COVERAGE: Y / N

NAME + ADDRESS OF MORTGAGEE: _____ LOAN#: _____

****IF THERE ARE ANY OTHER LOCATIONS TO BE INSURED, PLEASE PRINT AND COMPLETE SECTIONS: II, III, IV & V**

IV. COVERAGE

PERSONAL LIABILITY REQUESTED: (Circle One) \$500K / \$1M / \$2M / \$5M / \$10M / \$25M

DEDUCTIBLE: (Circle One) \$250 / \$500 / \$1,000 / \$1,500 / \$2,000 / \$2,500 / \$5,000 / \$10,000 / \$25,000 / \$50,000

COVERAGE ON THE HOME: (Coverage to rebuild the HOME based off Square Footage)

(Circle One) \$250K / \$500K / \$750K / \$1M / \$1.5M / \$2M / \$2.5M / \$5M / \$10M / \$_____

AMOUNT OF PERSONAL PROPERTY: (25K / 50K / 100K / 250K / 500K / 1MM / OTHER) \$_____

EXCESS / UMBRELLA POLICY: Y / N **AMOUNT OF UMBRELLA:** \$1M / \$3M / \$5M / \$10M / \$25M / \$50M / \$100M

V. EXTENDED COVERAGE

REPLACEMENT COST CONTENTS: Y / N **OFF PREMISE THEFT:** Y / N **IDENTITY FRAUD EXPENSE:** Y / N

ADDITIONAL COVERAGE ENDORSEMENT: Y / N **WATER BACK UP:** Y / N

FLOOD INSURANCE: Y / N **FLOOD ZONE (Ex: Zone X):** _____

****WILL THERE BE ANY UPCOMING CONSTRUCTION ON THIS LOCATION? Y / N****

VI. VALUABLES

- SPECIALTY ITEMS SUCH AS JEWELRY, FINE ARTS, MUSICAL INSTRUMENTS, WINE, WHISKEY, COLLECTIBLES, ANTIQUES, ETC, HAVE ONLY LIMITED COVERAGE UNDER THE CONTENTS LIMIT OF YOUR POLICY. PLEASE LIST BELOW ANY VALUABLE ARTICLES YOU WOULD LIKE COVERED WITH THEIR VALUES.

JEWELRY / WATCHES: Example) Engagement Ring, 2.75 Diamond Ring with Platinum Setting, F, VS1 – Appraised Value: \$27,500: _____

FINEARTS: _____

ANTIQUES: _____

WINE & SPIRITS: _____

COLLECTIBLES: _____

VII. HOUSEHOLD EMPLOYEES

DO YOU HAVE ANY HOUSEHOLD EMPLOYEES: Y / N

DO YOU REQUIRE WORKER'S COMPENSATION / DISABILITY INSURANCE: Y / N
(FULL-TIME HOUSEHOLD EMPLOYEES MUST HAVE WC / DBL COVERAGE BY LAW)

Automobile Insurance

I. NAME(S) OF ALL THOSE TO BE INSURED

3) _____

4) _____

3) _____

GARAGING ADDRESS: _____

II. DRIVERS

Driver #1

Name	Date of Birth	State / Drivers License #

Driver #2

Name	Date of Birth	State / Drivers License #

Driver #3

Name	Date of Birth	State / Drivers License #

• For additional drivers, please print this page and fill in all household drivers

III. DISCOUNTS

STUDENT DRIVER: Y / N STUDENT MORE THAN 100 MILES FROM HOME: Y / N G.P.A (A/B) AVERAGE: Y / N

COMPLETED DRIVER TRAINING COURSE: Y / N -- DATE: _____ (DISCOUNT)

ADULT DEFENSIVE DRIVER COURSE: Y / N -- DATE: _____ (DISCOUNT)

MULTIPLE POLICY DISCOUNT: Y / N

PREMIUM PAID IN FULL DISCOUNT: Y / N

IV. VEHICLE INFORMATION

Automobile #1

Make	Model	Year	VIN #

- VEHICLE OPERATOR: _____ ANNUAL MILES: _____ HYBRID VEHICLE: Y / N
- NAME + ADDRESS OF AUTO LEASE/FINANCE COMPANY: _____
- FULL GLASS: Y / N --- LOAN LEASE GAP COVERAGE: Y / N

Automobile #2

Make	Model	Year	VIN #

- VEHICLE OPERATOR: _____ ANNUAL MILES: _____ HYBRID VEHICLE: Y / N
- NAME + ADDRESS OF AUTO LEASE/FINANCE COMPANY: _____
- FULL GLASS: Y / N --- LOAN LEASE GAP COVERAGE: Y / N

Automobile #3

Make	Model	Year	VIN #

- VEHICLE OPERATOR: _____ ANNUAL MILES: _____ HYBRID VEHICLE: Y / N
- NAME + ADDRESS OF AUTO LEASE/FINANCE COMPANY: _____
- FULL GLASS: Y / N --- LOAN LEASE GAP COVERAGE: Y / N

**For additional Vehicles, please print this page and list all vehicles that need coverage*

V. CURRENT COVERAGE

CURRENT CARRIER: _____ DATES OF COVERAGE: _____

CURRENT LIABILITY LIMITS: _____ PROPERTY DAMAGE LIMITS: _____
 (Example: \$100,000 / \$300,000) (Example: \$100,000)

COMPEHENSIVE DEDUCTIBLE: _____ COLLISION DEDUCTIBLE: _____
 (Example: \$1,000) *waived for glass: Y / N (Example: \$1,000)

RENTAL REIMBURSEMENT: _____
 (Example: \$30 a day / 30 days)

VI. ACCIDENTS / VIOLATIONS (Please list ANY and all accidents or violations in the past (5) years)

Date: _____ TYPE: _____

Date: _____ TYPE: _____

Date: _____ TYPE: _____