

## HOMEOWNERS INSURANCE QUESTIONNAIRE

NAME	
OCCUPATION	
DATE OF BIRTH	
SOCIAL SECURITY #	NOT NECESSARY FOR A QUOTE / MANDATORY TO BIND COVERAGE:
PERMISSION TO RUN CREDIT?	YES / NO
SPOUSE NAME	
HOME PHONE	
LOCATION STREET ADDRESS	
UNIT#	
CITY & ZIP CODE	
EFFECTIVE DATE	
YEAR BUILT	
TYPE OF CONSTRUCTION	MASONRY / FRAME / CBS / OTHER
VALUE OF HOME	
GATE COMMUNITY	YES / NO
PATROLLED	YES / NO
EAST OF WEST OF I-95	YES / NO
PURCHASE DATE	
NEW PURCHASE-CLOSING DATE	
MAILING ADDRESS	
TYPE OF RESIDENCE	SINGLE FAMILY / TOWNHOUSE / CONDO / OTHER
# OF STORIES	
ROOF DESIGN	HIP / GABLE / FLAT / OTHER
SQUARE FEET UNDER AIR	
ROOF MATERIAL	
# OF BATHROOMS	
# OF BEDROOMS	
EXTERIOR WALL MATERIAL	
INTERIOR WALL HEIGHT	
GARAGE # OF CARS	
COVERED PORCH SQ. FT.	
SWIMMING POOL	INGROUND / ABOVE GROUND / NONE
POOL FENCE	YES / NO
FIRE PLACE	YES / NO
JACUZZI	YES / NO
FIRE/BURGLAR PROTECTION	CENTRAL / LOCAL / NONE
# OF HOUSEHOLD RESIDENTS	
# OF CHILDRE UNDER 18	
EDUCATION LEVEL	HIGH SCHOOL / ASSOC. OR BACH DEGREE
PROPERTY ON # OF ACRES	
DOGS IN HOME	
TYPE OF DOG IN HOME	
PRIOR INSURANCE INFO	COMPANY: POL#
FLOOD ZONE	
PLEASE PROVIDE A FLOOD ELEVATION CERTIFICATE	