

DWELLING FIRE and/or HOMEOWNER QUESTIONNAIRE

Please fill in the needed information to process your quotation.

Name: _____ Tel: _____ SS# _____ D.O.B: _____
Name: _____ Tel: _____ SS# _____ D.O.B: _____
Name: _____ Tel: _____ SS# _____ D.O.B: _____
Name: _____ Tel: _____ SS# _____ D.O.B: _____

Location 1

Location 2

Mailing Address: _____

Purchase date or date first rented:

Loc 1 _____

Loc 2 _____

Property Address:

Property Address:

City _____ Zip _____

City _____ Zip _____

1. Square feet _____

Square feet _____

2. Year built _____

Year built _____

3. Construction type _____

Construction type _____

4. Foundation _____

Foundation _____

5. No. of stories _____

No. of stories _____

6. No. of units _____

No. of units _____

7. No. of rooms _____

No. of rooms _____

8. No. of baths _____

No. of baths _____

9. No. of fireplaces _____

No. of fireplaces _____

10. Deductible _____

Deductible _____

11. Medical amount _____

Medical amount _____

12. Personal Liab amount _____

Personal Liab amount _____

13. Smoke alarm _____

Smoke alarm _____

14. Fire Extinguisher _____

Fire Extinguisher _____

15. Theft alarm _____

Theft alarm _____

16. Central Station alarm/or fire

Central Station alarm/or fire

17. Earthquake _____

Earthquake _____

18. Attached garage _____

Attached garage _____

19. Garage/No. of cars _____

Garage/No. of cars _____

20. Type of Garage _____

Type of Garage _____

21. Rental amount if any _____

Rental amount if any _____

22. Dogs _____ Breed _____

Dogs _____ Breed _____

23. Bite history _____
Details _____

Bite history _____
Details _____

24. Pool _____

Pool _____

25. Central A/C _____

Central A/C _____

26. Risk retrofitted _____

Risk retrofitted _____

27. Scheduled items _____

Scheduled items _____

28. Is Gated Community _____

Is Gated Community _____

29. MORTGAGEE'S _____

MORTGAGEE'S _____

Contact/Address _____

Contact/Address _____

UPDATES

Heat

Heat

Type: _____

Type: _____

Year: _____

Year: _____

Electric

Electric

Type: _____

Type: _____

Year: _____

Year: _____

Plumbing

Plumbing

Type: _____

Type: _____

Year: _____

Year: _____

Roof

Roof

Type: _____

Type: _____

Year: _____

Year: _____

Losses: _____

Signature by Insured: X _____ **on Date** _____