

  

RESIDENTIAL PROPERTY QUESTIONNAIRE

Name: _____ Social Security Number: _____
Property Address: _____
Mailing Address: _____
Home Phone: _____ Work Phone: _____
Email: _____

A. DWELLING INFORMATION

1. Year built: _____ Number of Units: _____
2. Construction Style: _____ Number of Stories: _____
3. Total Living Area: _____ Square Feet Number of Bedrooms: _____
4. Basement: _____ Square Feet
5. Garage: Attached Built-In Basement
 Detached Carport
 One Car Two Car Three Car
6. Number of Bathrooms: _____ Full _____ Half
7. Number of Fireplaces: _____
8. Type of Flooring: _____
9. Construction Material of Dwelling: Frame Masonry Fire Resistive
Exterior Wall Type: _____
10. Type of Roof: Tar & Gravel Composition Slate
 Tile Wood Shake Fire Resistive
Year Updated: _____
11. Service panel equipped with: Circuit Breakers Fuses
12. Has dwelling been rewired? Yes No If so, approx. year? _____
13. Primary source of heat:
A. Is heat thermostatically controlled? Yes No
B. Type of fuel:
C. Year updated: When was it last serviced?

14. Do you have a wood-burning stove? Yes No
 Professionally Installed? Yes No
15. Do you have central air conditioning? Yes No
 If so, is it through heating ducts? _____ Or separate ducts? _____
16. Has plumbing been updated? Yes No If so, approx. year? _____
17. Is the water heater doubled strapped? Yes No
18. Has dwelling been retrofitted? Yes No If so, approx. year? _____
19. Foundation: Slab Open Closed
 Crawlspace On piers or stilts
 Home bolted to the foundation: Yes No
20. Porch or Breezeway: _____ Square Feet
21. Deck: _____ Square Feet
22. Swimming pool on premises? Yes No If so, is it fenced? _____
 Diving board or slide? Yes No
23. Any other structures on the same lot? Yes No
 If yes, describe: _____ Rented? Yes No
24. Is dwelling built on a hillside? Yes No
 If yes, what is approximate degree of slope: _____
25. Vegetation in area surrounding dwelling is:
 Little or none Moderate Heavy
26. Distance to nearest fire hydrant: _____ Feet to nearest fire station: _____ Miles
27. Name of responding fire department: _____
28. Year dwelling purchased: _____ Current market value \$ _____

B. ADDITIONAL INFORMATION

Please describe any additional features of built-ins (intercom, wet bar, spa, etc.) that your home is equipped with: _____

C. ALARM AND SECURITY SYSTEMS

Please check the security systems in place in your dwelling:

- | | |
|---|---|
| <input type="checkbox"/> Fire extinguishers | <input type="checkbox"/> Dead bolts |
| <input type="checkbox"/> Smoke detectors | <input type="checkbox"/> Sprinklers (Partial or Full) |
| <input type="checkbox"/> Local fire alarm | <input type="checkbox"/> Local burglar alarm |
| <input type="checkbox"/> Central fire alarm | <input type="checkbox"/> Central burglar alarm |

Name of the central alarm manufacturer and servicing company:

D. UNDERWRITING INFORMATION

1. Occupation: _____
2. Name of Employer: _____ No. of Years Employed: _____
3. Employer Address: _____
4. Occupation of spouse: _____
5. Name of Employer: _____ No. of Years Employed: _____
6. Employer Address: _____
7. Date of birth: Applicant: _____ Spouse: _____
8. Martial status: _____
9. How long at present address: _____
10. Type and breed of pets: _____

E. MISCELLANEOUS UNDERWRITING QUESTIONS:

- Any business conducted on the premises? _____
- If so, what type of business? _____
- Any full time residence employees? _____
- Number of Mortgagees: _____

F. LOSSES

Have you had any losses (claims) in the last three years? _____

If so, please give dates and descriptions on a separate sheet of paper.

G. CANCELLATION

Has any company ever cancelled or refused renewal of your insurance coverages in the last five years? If so, please advise the date and reason:

_____ Signature	_____ Date
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