

Homeowner Insurance Questionnaire

Insured Name: _____

Address: _____

Date of Birth _____ Social Security # _____

Phone No. : _____ Policy Period: _____

Construction Type _____ Roof Type _____

Sqft _____ Year of Construction _____ # of Units _____

of Bedrooms _____ # of Bathrooms _____ # of Fireplace _____

Garage: # of Cars _____ Attached _____ Detached _____ Built-in _____

Swimming Pool: Yes _____ No _____ Fenced? Yes _____ No _____

Luxury Features _____

Alarm Company Name _____

Prior Carrier Information (4 years loss run required, if any): _____

Loss Details, if any: _____

Dwelling _____ Other Structure _____

Personal Property _____ Loss of Use _____

Liability _____ Medical _____

Deductible _____ Smoker _____