



Homeowners Insurance Questionnaire

Referred By

**Named Insured
(Primary)**

SSN

DOB

**Named Insured
(Secondary)**

SSN

DOB

Phone

Email

Physical Address

County

City

State

Zip

Mailing Address

City

State

Zip

Township

**Miles to Fire
Dept.**

**FT from
Hydrant**

Responding Fire Dept.

**Within City
Limits**

Year Built

Construction Type

Exterior Finish

Foundation

**If Basement, %
finished**

**SQFT (excluding
basement)**

of Stories

of Baths

Trampoline

Yes

No

**Alarm
System**

Local

Central

Burglar

Fire

Interior Walls

Drywall

Plaster

**Central
Air**

Yes

No

Fireplace

If Fireplace

Gas

Wood

Woodstove

Yes

No

Flooring

Carpet %

Tile %

Hardwood %

Vinyl %

Misc.

Updates

Age of Roof

Type

Heat

Type

Age of Plumbing

Type

Electrical Box

Other Structures

Garage

Attached

Detached

of Garage car ports

**Shed (Type &
SQFT)**

**Deck (Type
& SQFT)**

**Porch (Type &
SQFT)**

Pool (Type)

Pool (Depth)

Fenced

Yes

No

**Diving
Board**

Yes

No

Slide

Yes

No

Dogs

Breed

Breed

Breed

Scheduled Personal Property

Description

Value

Description

Value

Description

Value

**Name of Current
Insurance
Company**

Effective Date

**Number of Years
with Company**

**Current
Coverage on
Dwelling**

**Current
Deductible**

**Current
Liability Limit**

**Mortgage
Company**

**Currently
escrowed?**

**If No,
Pay Plan**

**Mortgagee
Address**

City

State

Zip

Notes