

Homeowner Questionnaire

Form: HO3 HO4 HO6 Fire Dwelling

Name Insured _____ Phone _____ Bus # _____
 Location Address _____ City _____ ST _____
 Zip Code _____ County _____ Township _____
 Previous/Current Address _____ City _____ ST _____
 Zip Code _____ County _____ Township _____
 DOB _____ SS# _____ DOB _____ SS# _____
 Current Ins Carrier _____ Policy# _____ Exp Date _____
 Current Policy premium _____ Effective/Closing Date _____
 Currently insured \$ _____ Deductible _____ Liability Limit _____ Med Pay _____
 Verbal OK for Credit _____

Construction:

Year Built		Hardwood Flooring	%	AC Central	Y/N
Main Floor Sq Footage		Carpeted Floors	%	Security/Fire Alarm	Y/N
# of Stories		Vinyl Floors	%	Hot Tub	Y/N
Feet to Hydrant		Ceramic Tile Flooring	%	Jetted Tub	Y/N
Miles to Fire Dept		Laminate Flooring	%	Swimming Pool	Y/N
Within City Limits	Y/N	Painted Walls	%	Trampoline	Y/N
Protection Class		Ceramic Tile Walls	%	Wood Stove	Y/N
Exterior Type		Knotty Pine Walls	%	Full/Bath _____ Half/Bath _____	

Basement: Full Slab Crawl Space Walkout # of Square feet finished _____
 Porch: Open Screened Enclosed # of Stories _____ # of Square Feet _____
 Deck/Balcony # of Square Feet _____ Garage Type A/D # of cars _____
 Fireplaces: Y/N Type: G/W
 Three Wall Room Addition Square Feet _____ Number of Stories _____ W/Basement Y/N

Specialty Items in Home _____

Updates:	Full/Partial	Type	Year
Roof			
Electrical			
Plumbing			
Heating/AC			

Home Based Business Y/N Explain: _____
 Home Daycare Y/N How Many Children? _____

Any ATV's, Snowmobiles, Scooters, Cycles, Ice Shacks, Boats, Jetskis? _____

Scheduled Items:

