

HOME QUESTIONNAIRE

Prospect Name: _____

Insured Location: _____

_____ **County:** _____

Construction Type (circle one): frame/masonry/mas-veneer/alum-siding/plas-siding

Structure Type (circle one): dwelling/apart/condo/townhouse/rowhouse/co-op

Usage Type (circle one): primary/secondary/seasonal/farm/coc/vacant

Year Built: _____ **Square Feet:** _____ **Number of Stories:** _____

Basement (circle one): none/slab/crawl/partial/full **Finished** (circle one): Yes/No

EFIS (circle one): Yes/No **Roof Type:** _____ **Foundation Type:** _____

Occupied By Owner (circle one): Yes/No **Fire Hydrant ≤ 1000 ft** (circle one): Yes/No

Fire Station ≤ 5 miles : Yes/No **Trampoline:** Yes/No **Wood Burning Fireplace:** Yes/No

Pool: Yes/No If yes, **Inground:** Yes/No **Approved Fence:** Yes/No **Diving Board:** Yes/No

Underground Tanks: Yes/No **Sump Pump:** Yes/No **Gated Community:** Yes/No

Central Station Alarms (circle all that apply): fire/burglar/temp/water

Fire Sprinklers: Yes/No **Gas Cut-Off:** Yes/No **24-hr Security Patrol:** Yes/No

Any Renovations?

Type	Partial-or-Complete	Year
Wiring		
Plumbing		
Heating		
Roof		
Foundation		
Exterior Paint		

Coverage Limits:

Dwelling	Other Structures	Contents	Liability	Deductible

Additional Coverage Requested:

Earthquake	Flood	Worker's Comp	Loss Assessment	Other (Specify)