

RESIDENTIAL PROPERTY QUESTIONNAIRE

Name: _____ Social Security Number: _____

Property Address: _____

Home Phone: _____ Work Phone: _____

A. DWELLING INFORMATION

1. Year built: _____ Number of Units: _____

2. Number of Stories: _____

3. Total Living Area: _____ Square Feet

4. Basement: _____ Square Feet

5. Garage is: _____ Attached _____ Built-In _____ Basement
_____ Detached _____ Carport
_____ One Car _____ Two Car _____ Three Car

6. Number of Bathrooms: _____ Full _____ Half

7. Number of Fireplaces: _____

8. Porch or Breezeway: _____ Square Feet

9. Deck: _____ Square Feet

10. Construction Material of Dwelling: _____ Frame _____ Masonry

11. Type of Roof: _____ Tar & Gravel _____ Composition _____ Slate
_____ Tile _____ Wood Shake _____ Fire Resistant

Age of Roof: _____

12. Any other structures on the same lot? _____ Yes _____ No
If yes, describe: _____ Rented _____ Yes _____ No

13. Is dwelling built on a hillside? _____ Yes _____ No
If yes, what is approximate degree of slope: _____

14. Service panel equipped with: _____ Circuit breakers _____ Fuses

15. Primary source of heat: _____
 A. Is heat thermostatically controlled? _____ Yes _____ No
 B. Type of fuel: _____
 C. Do you have a wood-burning stove? _____ Yes _____ No
 D. Updated? _____ When? _____ When was it last serviced? _____
16. Has dwelling been rewired? _____ Yes _____ No If so, when? _____
17. Has plumbing been updated? _____ Yes _____ No If so, when? _____
18. Has dwelling been retrofitted? _____ Yes _____ No If so, when? _____
19. Do you have central air conditioning? _____ Yes _____ No
 If so, is it through heating ducts? _____ Or separate ducts? _____
20. Distance to nearest fire hydrant: _____ Feet
21. Distance to nearest fire station: _____ Miles
22. Name of responding fire department: _____
23. Vegetation in area surrounding dwelling is:
 _____ Little or none _____ Moderate _____ Heavy
24. Swimming pool on premises? _____ Yes _____ No If so, fenced? _____
25. Foundation: _____ On slab _____ Open _____ Closed
 _____ On piers or stilts
26. Year dwelling purchased: _____ & Current market value \$ _____

B. ALARM AND SECURITY SYSTEMS

Please check the security systems in place in your dwelling:

- | | |
|--------------------------|-----------------------------|
| _____ Fire extinguishers | _____ Dead bolts |
| _____ Smoke detectors | _____ Sprinklers |
| _____ Local fire alarm | _____ Local burglar alarm |
| _____ Central fire alarm | _____ Central burglar alarm |

Name of the central alarm manufacturer and servicing company:

C. ADDITIONAL INFORMATION

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

D. UNDERWRITING INFORMATION

- 1. Occupation: _____
- 2. Name of employer: _____
- 3. Number of years employed there: _____
- 4. Occupation of spouse: _____
- 5. Name of employer: _____
- 6. Number of years employed there: _____
- 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? _____
Any full time residence employees? _____

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? If so please advise the date and reason:

May we get a copy of your expiring policy which shows the present amounts of insurance?

Signature

Date