

Home Insurance Questionnaire

Name of Proposed Insured	Date of Birth	Social Security No.
Primary Owner Spouse Secondary Owner Spouse		

PROPERTY ADDRESS	Year Built	Square Footage
STREET		
CITY	STATE	ZIP CODE

Number of Stories	Number of Bathrooms		
Number of Garage(s)	Full Bath(s)?		Half Bath(s)?
Type of Garage	Swimming Pool	No	Yes
Number of Fireplace(s)	Type of Roof		
Type of Air Conditioning / Heating	Home Security		No
Sprinkler System	Yes	No	If Yes, Type of Sprinkler

Deck	Yes	No		
Flooring %	Carpet	Hardwood	Tiles	Other
Walls %	Paint	Ceramic	Other	
Plumbing	Copper	Galvanized	Other	
Cathedral Ceiling	Yes	No	If Yes, Cathedral Ceiling %	
Laundry Room Location (i.e. garage, basement, etc):				

Purchase or Refinance?	
Purchase Price or Market Value (\$)	
Target Closing Date	
Escrow Company	Escrow Officer
Escrow Number	Escrow Co. Phone No.
Escrow Co. Fax No.	
Referred by	Company Name
Phone Number	Fax Number

Submit application by mail, e-mail or fax