



INSURANCE SERVICES, INC.

1132 Huntington Drive Duarte, CA 91010
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HOME INSURANCE QUESTIONNAIRE

Name of Proposed Insured:	Birthdate:	SS No.
Co-Owner/Spouse:	Birthdate:	SS No.
Contact No.: Home/Work/Cell#		Email Address:
Property Address:	Year Built: No. of Stories:	Square Footage: No. of Fireplace:
Number of Bathrooms:	Full Bath:	Half Bath:
Garage:	2 Cars <input type="checkbox"/> 4 Cars <input type="checkbox"/> 3 Cars <input type="checkbox"/>	Attached <input type="checkbox"/> Detached <input type="checkbox"/> Car Port <input type="checkbox"/>
Air/Heat:	Centralized	Heat Only
Swimming Pool:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Fence: Yes <input type="checkbox"/> No <input type="checkbox"/>
Kind of Roof:	Shingles Composition <input type="checkbox"/>	Tiles Wood <input type="checkbox"/>
Any Home Security Device?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, what type?
Ceiling Sprinklers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Fully <input type="checkbox"/> Partially <input type="checkbox"/>

Any claims for the past five (5) Yrs.: Yes None

Any updates? If Yes, specify year: Electrical _____ Plumbing _____ Roofing _____ Heating _____

Deck: Yes No

Flooring: Carpet _____% Hardwood _____% Tiles _____% Other (specify) _____%

Walls % _____ Paint _____ Ceramic _____ Other _____

Plumbing: Copper Galvanized Other

Cathedral Ceiling: _____%

Laundry Room Location (i.e. garage, basement, etc.): _____

Purchase or Refinance?		
Purchase Price or Market Value?		
Target Closing Date:		
Escrow Company Name:		
Escrow Officer Name:		
Escrow Number		
Escrow Telephone No.:		
Escrow Fax No.:		
Referred By:		
Company Name:		
Telephone No.:		
Fax No.:		