

# HOMEOWNER QUESTIONNAIRE

Date

Applicant Name:

Email Address:

Property Location (street)  
(town/city)

Phone:

## Dwelling Information

1. What year was your home built? Type?  1 – Family  2 – Family  3 – Family
2. What style is your home?  1 Story  1.5 Story  2 Story  2.5 Story  
 Bi-Level  Split Level  Other:
3. What is the total square footage of the finished living area of your home? Square Feet
4. Does your home have a:  Deck (Sq. Ft.: )  Cathedral Ceilings (% of home: %)  Breezeway (Sq. Ft.: ) Is Breezeway:  Enclosed  Screened  Open  
 Porch (Sq. Ft.: ) Is Porch:  Enclosed  Screened  Open
5. Which of the following additional features are in your home?  
 Skylights: #  Picture Window: #  Atrium/French Door: #  Central Alarm: %  
 Bay Windows: #  Glass Sliding Door: #  Woodstove: #  Hot Tub: Sq Ft  
 Bow Windows: #  Atrium Window: #  Greenhouse: Sq Ft  Wet Bar: #
6. Do you have a garage?  No  Yes  Attached  Built-in  Carport  Detached  
How many vehicles can be parked in the garage?  One Car  Two Cars  Three Cars  Four Cars
7. Does your home have a basement?  No  Yes -- percentage finished: % Is it daylight or walkout?  No  Yes
8. If your home does not have a full basement, what percentage is: Slab: % Crawl Space: % Stilts: %
9. Which materials listed below best describe the materials found in your home? Please indicate the materials as percentages of total (e.g. 5%, 10%, 15%, etc). If your home contains material not found on the list, please select a similar material that is in the list and use the reverse side of this form for additional explanation, if necessary. Your selection should total 100% in each category.

### EXTERIOR WALLS

Clapboard: %  
Wood Siding: %  
Aluminum Siding: %  
Vinyl Siding: %  
Wood Shakes: %  
Brick Veneer: %  
Stone Veneer: %  
Stucco: %  
Block: %  
Solid Brick: %  
Solid Stone: %  
Masonry: %  
Log: %  
T-111: %

### INTERIOR WALLS

Plaster: %  
Dry Wall: %  
Studs Only: %  
**WALL FINISHES**  
Paint: %  
Faux Finish: %  
Wallpaper: %  
Paneling: %  
Ceramic Tile: %  
Brick: %  
Stone: %  
Marble: %  
Knotty Pine: %

### ROOF COVER

Asphalt: %  
Metal: %  
Slate: %  
Clay Tile: %  
Wood Shakes: %  
Tar & Gravel: %  
Rubber: %  
**CEILING**  
Drywall: %  
Plaster: %  
Acoustic Tile: %  
Wood: %  
Other: %

### FLOOR FINISHES

Hardwood: %  
W to W Carpet: %  
WtoW over Hardwood: %  
Wool/Berber Carpet: %  
Parquet: %  
Ceramic Tile: %  
Marble Tile: %  
Slate: %  
Brick: %  
Vinyl: %

10. How many kitchens are in your home? #

Please indicate if any of your kitchens have the following features:

- Corian, Granite, or authentic marble countertop  Jenn-Aire Stove  Sub-Zero Refrigerator  
 Center Island w/ Cabinets or sink  Walk-in Freezer  Motorized Pantry  Indoor BBQ

11. Please indicate the number of bathrooms that are:
- |   |                                 |   |                                      |   |                         |
|---|---------------------------------|---|--------------------------------------|---|-------------------------|
| # | Full (3 or more fixtures w/tub) | # | Half (Sink, toilet, stand up shower) | # | Half (Sink/toilet only) |
|---|---------------------------------|---|--------------------------------------|---|-------------------------|
- Please indicate quality grade:  Standard  Custom  Designer
12. What is your homes primary source of heat?  Oil  Gas  Electric  
 Type(hot water baseboard, forced hot air)  
 If you heat with oil, where is the storage tank located:  Basement  Outside - Above Ground  Garage  
 Outside – Underground  Other:  
 Do you have a secondary source of heat?  No  Yes (please describe):
13. Does your home have central air conditioning?  No  Yes – shared ducts with heating system?  Yes  No
14. Does your home have a central vacuum system?  No  Yes
15. Does anyone in the house smoke?  No  Yes
16. Does your property have a swimming pool?  No  Yes –  Above Ground  In Ground --  Diving Board  Slide  
 Fenced
17. Do you have any boats or recreational vehicles?  No  Yes
18. Do you have a trampoline?  No  Yes –Does it have netting?  No  Yes
19. Do you have any animals?  No  Yes –What kinds? -- If a dog, what breed?
20. How many fireplaces with masonry chimneys?  None  Single (# )  Double (# )  Triple (# )  
**(DOUBLE is two fireboxes and one chimney, TRIPLE is three fireboxes and one chimney)**
21. Do you have any jewelry, silver, fine arts, furs, collections, etc., you wish to insure?  No  Yes  
 Please provide brief description & value
22. Any business conducted on the property?  No  Yes
23. If this is a new purchase, what is the purchase price? \$ Passing Date
24. If you already own the home, who is the current carrier? How much is it insured for (Coverage A)?
25. Has insurance been declined, non-renewed, or cancelled?
26. Have you had any losses (claims) in the last 3 years?  No  Yes Date of loss  
 If yes, please describe loss, and payment
27. Who is your auto insurance with?
28. How did you hear about us?

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Remarks or additional questions