



**Homeowners' Questionnaire**

Date Coverage Needed: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Owner(s) Information**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Best Time to Contact: \_\_\_\_\_ Text for Service?  Yes  No

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Is this a new purchase?  Yes  No If yes, price/date: \_\_\_\_\_

**Current Policy Information**

Current Insurer:	How long?	Expiration Date:
Dwelling Limit:	Other Structures Limit:	Contents Limit:
Loss of Use Limit:	Personal Liability Limit:	Medical Pay Limit:
AOP Deductible:	Wind Deductible:	Loss Assessment (HOA/Condo):
Valuation: <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value		

Were you Cancelled or Non-renewed?  Yes  No If Yes, reason: \_\_\_\_\_

Have you filed any claims in the last 5 years?  Yes  No If yes, describe: \_\_\_\_\_

**Residency Information**

Occupancy:  Owned  Rented  Leased Out Is this a Secondary Home:  Yes  No % of the year occupied: \_\_\_\_\_

If leased, do you participate in any short-term rental programs, or house sharing? (i.e. Air B&B):  Yes  No

Is the home part of a HOA?  Yes  No Is the home part of a Subdivision?  Yes  No

Distance from Fire Hydrant: \_\_\_\_\_ Distance to Fire Station: \_\_\_\_\_ Fire Alarm Type: \_\_\_\_\_

Is this a  Home  Apartment  Condo  Townhouse  Modular  Mobile Home Construction Type: \_\_\_\_\_



# Occupants: \_\_\_\_\_ Square Footage: \_\_\_\_\_ # Stories: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_

Size of Land/Acreage: \_\_\_\_\_ Gated:  Yes  No 24/7 Guard:  Yes  No Burglar Alarm Type: \_\_\_\_\_

Do you have a current Wind Mitigation Inspection?  Yes  No \*Please provide to Agent

	Built	Electric Updated	Plumbing Updated	HVAC Updated	Roof Updated	Roof Replaced
Year						

Roof Shape:  Hip  Flat  Gable  Other:

Roof Material:  Tile  Shingle  Metal  Other:

Does the home have Hurricane Shutters or Impact Windows Installed?  Yes  No Describe: \_\_\_\_\_

Wind-resistant Opening Protection for all openings?  Yes  No Describe: \_\_\_\_\_

Pool:  In-ground  Above Ground  Diving Board/Slide  Fenced/Screen Enclosed  Other Structures

Screen Enclosure attached to Dwelling?  Yes  No Sq. Ft. of Enclosure: \_\_\_\_\_ Property Fenced?  Yes  No

Trampoline:  Yes  No Golf Cart/ATV:  Yes  No Watercraft:  Yes  No RV:  Yes  No Fireplace:  Yes  No

Pet on Premises:  Yes  No Bite History:  Yes  No Type(s)/Breed(s), including non-domestic: \_\_\_\_\_

**If Home is Owned, Complete the Following:**

Have any of the owners filed bankruptcy in the last 5 years? \_\_\_\_\_

Has the home been in foreclosure in the last 5 years? \_\_\_\_\_

What is the name on Title/Deed? \_\_\_\_\_

If in the name of a Trust, does Trustee live in home?  Yes  No  Garage  Carport Capacity: \_\_\_\_\_

Mortgagee Name & Billing Address: \_\_\_\_\_

Is insurance escrowed?  Yes  No Do you have a 4-point inspection?  Yes  No \*A Four Point Inspection focuses on 4 main areas in a home: HVAC (heating, ventilation and A/C), electrical wiring/panel, plumbing connections/fixtures, and the roof.

Is the home now, or will it be under renovation?  Yes  No If yes, describe: \_\_\_\_\_

**Select Additional Protections Desired**

Wind	Water/Sewer Back-up	Mold	Ordinance & Law	Sinkhole	Catastrophic Ground Collapse	Spoilage	Equipment Breakdown
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Limit: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Limit: _____	<input type="checkbox"/> 10% <input type="checkbox"/> 25%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wind Driven Rain?