

Property Quote Questionnaire

Name(s) _____ Renewal Date _____

DOB _____ SSN _____ Phone Number _____

DOB _____ SSN _____ Phone Number _____

E-Mail address: _____

Property Address: _____

Is dwelling insured now? Y / N Name of Company _____

Is policy being cancelled? Y / N If yes, why? _____

Limit of Coverage requested: _____

Is dwelling: please circle PRIMARY SECONDARY SEASONAL Year Built _____

Is it occupied? Y / N By: please circle OWNER TENANT Type of Heat? _____

If oil, is tank above or below ground? _____ Central Air Y / N Central Heat Y / N

Type of construction: please circle BRICK FRAME MOBILE HOME CLASS C

Is there a basement? Y / N FULL / PARTIAL Finished? Y / N

Space heater? Y / N Pellet stove? Y / N Woodstove? Y / N if yes, FREESTANDING or INSERT

Type of roof (shingles, metal, etc) _____ Any pets/animals on property? Y / N Type? _____

_____ How many? _____ If dogs, what breed(s) _____

Have any animals ever bitten? Y / N _____

Are any of the following on premises? SKATEBOARD RAMP TRAMPOLINE POOL

If there is a pool, is it above or in ground? _____ Fenced? _____ Have a diving board? _____

Is there any business conducted on the premises? Y / N describe: _____

Is there any acreage? Y / N # acres _____ farmed? _____ by you or someone else? _____

Square footage of home _____ # of stories _____ # of bedrooms _____

bathrooms _____ Separate dining room? Y / N Separate utility room? Y / N

Is there an attached garage? Y / N # of cars? _____ Number of fireplaces, if any _____

Any porches? Y / N if yes enclosed, open, or both? _____ Sq. footage _____

Any decks? Y / N Sq. footage _____

Turn over to Complete Application

