



DWELLING & HOMEOWNERS QUESTIONNAIRE

APPLICANT _____

ADDRESS _____

TOWN: _____ ZIP: _____ COUNTY: _____

INSIDE CITY LIMITS? _____ IF OUTSIDE, HOW FAR? _____ PROTECTION CLASS: _____

CONSTRUCTION: _____ HEIGHT: _____ SQ FT: _____ AGE: _____

ROOF CONSTRUCTION: _____ AGE: _____

OCCUPIED BY: OWNER: _____ TENANT: _____ VACANT: _____

INSURED'S OCCUPATION: _____

CURRENT CARRIER: _____

CANCEL/NONRENEW: _____ WHY? _____

THREE YEARS LOSSES: _____

BUSINESS ACTIVITY AT THIS LOCATION: _____

SWIMMING POOL/SPA: _____ DOG ON PREMISES: _____

MORTGAGEE: _____

IF YOU WANT HOMEOWNERS, WHICH: HO-A _____ HO-B _____

LIMITS: DWELLING: _____ CONTENTS: _____

LIABILITY: _____ MED PAY: _____

EFFECTIVE DATES: _____ TO _____

OTHER STRUCTURES ON PREMISES TO BE COVERED:

LOCATION: _____ VALUE: _____

CONSTRUCTION: _____ OCCUPANCY: _____ AGE: _____

REMARKS: _____

PRODUCER _____

DATE _____

LOCATION _____

PHONE _____