

HOMEOWNER QUESTIONNAIRE

Producer: _____

IN CONNECTION WITH THIS QUOTATION FOR INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. THE PERSON COMPLETING THIS FORM MUST INITIAL HERE _____ INDICATING THEY HAVE READ THIS STATEMENT AND PERMISSION IS GIVEN.

NAME _____ SOCIAL SECURITY#: _____
DEEDED OWNER: _____ DATE OF BIRTH: _____
PROPERTY LOCATION: _____
MAILING ADDRESS IF DIFFERENT: _____
MONTH AND YEAR PURCHASED: _____
PREVIOUS ADDRESS IF AT THIS LOCATION UNDER 3 YEARS: _____
HIGHEST LEVEL OF EDUCATION: _____

HOME PHONE: _____ CELL PHONE: _____
WORK PHONE: _____ EMAIL: _____
OCCUPATION: _____ EMPLOYER: _____

IS THIS A NEW PURCHASE? _____ IF YES, PURCHASE PRICE: _____ CLOSING DATE: _____

CURRENT DWELLING LIMIT: _____ LIABILITY LIMIT: _____ DEDUCTIBLE: _____
YEAR BUILT: _____ SQUARE FOOTAGE OF HOME: _____

ARE THERE ANY DETACHED STRUCTURES? _____ IF YES, SQUARE FOOTAGE: _____

CONSTRUCTION: **FRAME** **BRICK** **STONE** **LOG HOME** **DOUBLEWIDE**
EXTERIOR COVER: **WOOD** **ALUMINUM** **VINYL** **BRICK** **SHINGLES** **OTHER** _____
NUMBER OF STORIES: _____ STYLE OF HOME: _____ NUMBER OF FAMILIES: _____

IS THERE A GARAGE? _____ IS IT: **ATTACHED** **DETACHED** **BUILT-IN** **SQUARE FOOTAGE:** _____
NUMBER OF FULL BATHROOMS: _____ NUMBER OF HALF BATHROOMS: _____

IS THERE A FIREPLACE? _____ WOODSTOVE? _____ ANY OTHER ALTERNATE HEATING: _____
WAS THE WOODSTOVE PROFESSIONALLY INSTALLED? _____

OCCUPANCY: **PRIMARY** **SECONDARY** **SEASONAL** IS HOME ON OVER 5 ACRES? _____

IS THE BASEMENT: **FINISHED** **UNFINISHED** **SLAB** **CRAWLSPACE** WHAT PERCENTAGE IS FINISHED? _____
DO YOU HAVE A SUMP PUMP? _____

PORCH: **OPEN** **CLOSED** **SCREENED** SQUARE FOOTAGE OF PORCH: _____
DECK SQUARE FOOTAGE: _____ CENTRAL AIR: _____

POOL: **ABOVE GROUND** **IN GROUND** **FENCED** **DIVING BOARD and/or SLIDE**

PETS? _____ IF YES, PLEASE LIST THE BREED OR MIX BREED: _____

DOES ANYONE IN THE HOME SMOKE? _____ IS YOUR HOME VISIBLE FROM THE MAIN ROAD? _____ IS YOUR HOME VISIBLE TO AT LEAST THREE NEIGHBORS: _____ DO YOU OWN A TRAMPOLINE and/or BIKE/SKATEBOARDING RAMP: _____

DOES THE HOME HAVE ANY OF THE FOLLOWING: (Check All That Apply)

SMOKE ALARMS **DEAD BOLT LOCKS** **FIRE EXTINGUISHER** **CENTRAL STATION FIRE ALARM** **CENTRAL STATION BURGALAR ALARM** **CENTRAL STATION WATER ALERT** **DIAL OUT WATER ALERT SYSTEM** **LOW TEMPERATURE MONITOR**
GENERATOR HARDWIRED **GENERATOR PORTABLE**

RESPONDING FIRE DEPARTMENT: _____ MILES TO FIRE DEPARTMENT: _____

ARE THERE HYDRANTS WITHIN 1000 FEET OF YOUR HOME? _____

ROOF AGE: _____ ROOF COVER: _____

PLUMBING: **COPPER** **PVC** **MIXED** YEAR OF LAST PLUMBING UPDATE: _____

HEATING TYPE: **OIL** **GAS** **ELECTRIC** AGE OF HEATING SYSTEM: _____ DATE OF LAST SERVICE: _____

IS YOUR FURNACE SERVICES ANNUALLY? _____ IF OIL HEAT, WHERE IS THE OIL TANK LOCATED? _____

IF THE TANK IS BURIED UNDERGROUND, WHAT IS THE AGE OF THE TANK? _____

IF THE TANK IS ABOVE GROUND, DO THE LINES RUN BELOW GROUND OR UNDER CEMENT SLABS? _____

IS THE ELECTRIC ON CIRCUIT BREAKERS? _____ NUMBER OF AMP SERVICE: _____

NAME AND ADDRESS OF MORTGAGE COMPANY: _____

WILL YOUR HOME PREMIUM BE PAID OUT OF AN ESCROW ACCOUNT? _____

MORTGAGE LOAN NUMBER: _____

DO YOU BELONG TO A HOMEOWNER ASSOCIATION? _____

ARE ANY STRUCTURES ON YOUR PROPERTY RENTED TO OTHERS? _____

IS THERE ANY BUSINESS CONDUCTED ON THE PREMISES? _____

IF YES, PLEASE LIST THE DETAILS: _____

DO YOU HAVE ANY LIVE-IN RESIDENCE EMPLOYEES? _____ IS YES, DETAILS: _____

DO YOU HAVE ANY VALUABLES THAT NEED TO BE SCHEDULED? _____

DO YOU OWN ANY OTHER HOMES OR CONDO'S? _____ IF YES, ADDRESS: _____

CURRENT HOME INSURANCE CARRIER: _____ HOW LONG WITH THIS COMPANY? _____

ARE YOU CURRENTLY BEING CANCELLED? _____ IF YES, WHY? _____

ANY LOSSES REPORTED WITHIN THE LAST 5 YEARS? _____

ARE YOU INTERESTED IN A FLOOD QUOTE? YES NO

ARE YOU INTERESTED IN EARTHQUAKE INSURANCE? YES NO

ARE YOU INTERESTED IN IDENTITY THEFT COVERAGE? YES NO

ARE YOU INTERESTED IN A PERSONAL UMBRELLA QUOTE? YES NO

DO YOU CURRENTLY HAVE AUTO INSURANCE? YES NO

IF YES, ARE YOU INTERESTED IN A QUOTE? YES NO

IF POSSIBLE, PLEASE FORWARD A COPY OF YOUR CURRENT POLICYS O WE CAN QUOTE COMPARABLE COVERAGE.

I HAVE REVIEWED THE INFORMATION LISTED ON THIS QUESTIONNAIRE AND VERIFY THAT IT IS ACCURATE AS OF THIS DATE. I UNDERSTAND THAT IF ANY OF MY EXPOSURES OR ANY OF MY COVERAGE PREFERENCES CHANGE, IT IS MY REPOSIBILITY TO NOTIFY RSS AGENCY, INC.