



Homeowners Insurance Questionnaire

This questionnaire will assist us in determining the replacement cost of your home. Please answer all of the questions with the information requested to best help us arrive at an accurate dwelling coverage limit.

Upon completion of this questionnaire, please send it to us so that we can provide you with a homeowners insurance quote.

You can drop it off or mail it to us at:

**27 Market Street
P.O. Box 551,
Rockland, MA 02370-0551**

Or you can fax it to us at:
(781) 878-1762

If you have any questions or if you need any assistance, please call us at:
(781) 878-0217

APPLICANT(S) INFORMATION

Applicant #1

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Social Security #: _____

Date of Birth: _____

Applicant #2

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Social Security #: _____

Date of Birth: _____

PROPERTY LOCATION (IF DIFFERENT THAN ABOVE)

Address: _____

City: _____

State: _____

Zip: _____

EMPLOYER INFORMATION

Applicant #1

Employer's Name: _____

Employer's Phone: _____

Number of Years Employed: _____

Applicant #2

Employer's Name: _____

Employer's Phone: _____

Number of Years Employed: _____

DWELLING INFORMATION

Style of Home

- 1 Story
- 1.5 Story
- 2 Story
- 2.5 Story
- 1 Family
- 2 Family
- 3 Family
- Other
- Raised Ranch
- Split Level
- Cape
- Colonial
- Other

What year was the home built? _____

What is the total square footage of the finished living area of your home?

If unknown, please complete page 5 of this questionnaire.

(Do not include finished basement.) _____

If you do not have this information, please complete the room count included in this questionnaire.

Does your home have a deck? Yes No
If "yes," square footage? _____

Does your home have Cathedral Ceilings? Yes No
If "yes," what % of home? _____

Does your home have a Breezeway? Yes No
If "yes," is your Breezeway: Enclosed Screened Open
If "yes," square footage? _____

Does your home have a Porch? Yes No
If "yes," is your Porch: Enclosed Screened Open
If "yes," square footage? _____

Does your home have a Garage? Yes No
If "yes," is your Garage: Attached Built In Detached Carport
If "yes," how many vehicles can be parked in it? _____

Which of the following features are in your home? Indicate the number of each:

- Skylights _____
- Bay Windows _____
- Wood Stove _____
- Wet Bar _____
- Picture Window _____
- Glass Sliding Door _____
- Hot Tub _____
- Atrium Windows _____
- Atrium/French Door _____
- Exterior Storm Shutters _____
- Bow Windows _____
- Greenhouse (square footage) _____

Does your home have a Basement? Yes No
If "yes," what percent is finished? _____

If your home does not have a full basement, what percentage is slab? _____
 Crawl Space Stilts

Is there a Shed on the property? Yes No
If "yes," what is square footage of shed? _____

Is there a Swimming Pool on the property? Yes No
If "yes," is your Pool: Inground Above Ground
 Fenced Locked
 Slide Diving Board
 Cement Gunite Other _____

Size of pool: _____

DWELLING INFORMATION (continued)

Is there a trampoline on the premises? Yes No
If yes, is there an enclosure around it? Yes No

Does the Applicant own any animals? Yes No
If "yes" for a dog, any history of aggression? Yes No
If "yes" for a dog, specify age and breed: _____

How many Kitchens are in your home? _____

Please indicate if your kitchen(s) have the following features:

- Jenn-Aire Stove Walk-In Freezer Sub-Zero refrigerators
 Motorized pantry Indoor BBQ Center island with cabinets or sink
 Corian, granite or authentic marble countertop

How many Bathrooms are in your home? _____

Full (3 or more fixtures with tub) 3/4 (sink, toilet, stand up shower)

1/2 (sink and toilet only)

Please indicate quality grades:

- Standard Custom Designer

What is the homes primary source of heat?

- Oil Gas Electric Other

If your house is heated with oil, where is the oil tank located? _____

How old is the heating system? _____

Electrical Service

Fuses Breaker Switches Amp Rating: _____

Does your house have a secondary source of heat? Yes No

If "yes," please describe: _____

Does your house have central air conditioning? Yes No

If "yes," does it share ducts with your heating system? Yes No

Does your home have central vacuum system? Yes No

What is the age of the roof on your house? _____

What is the age of the plumbing in your house? _____

What is the age of the electrical in your house? _____

Is water in your basement a concern to you? Yes No

What type of sewerage system do you have? Town sewerage Septic system

Are there smoke alarms in your house? Yes No

Are there other types of alarms in the house? Yes No

If yes, please describe:

DWELLING INFORMATION (continued)

Which materials below best describe the materials found in your home? Please indicate your answers as percentages of total (5%, 10%, 25%, etc). If your home contains materials not found on this list, please select a similar material from the list and use the reverse side of this form for additional explanation, if necessary. Each category should total 100%.

EXTERIOR WALLS	INTERIOR WALLS	ROOF COVER	FLOOR
Clapboard %	Plaster %	Asphalt %	Hardwood %
Wood siding %	Dry Wall %	Metal %	W to W Carpet %
Aluminum %	Studs Only %	Clay Tile %	Wool Carpet %
Vinyl Siding %		Wood Shakes %	Berber Carpet %
Wood Shakes %	WALL FINISHES	Tar & Gravel %	Parquet %
Stone Veneer %	Paint %	Rubber %	Veneer %
Stucco %	Faux Finish %	Slate %	Ceramic Tile %
Brick %	Wallpaper %		Marble Tile %
Solid Brick %	Paneling %	CEILINGS	Slate %
Solid Stone %	Ceramic Tile %	Drywall %	Brick %
Masonry %	Brick %	Plaster %	
Log %	Stone %	Acoustic Tile %	
	Marble %	Wood %	
		Other %	

PERSONAL PROPERTY

Do you have or are you in need of scheduled item coverage for any of the following:

- Antiques
- Fine Arts
- Collectables
- Paintings
- Personal Computer
- Jewelry, Furs, or Watches worth more than \$1,000
- Silverware, Goldware, or Pewter worth more than \$1,000
- Guns worth more than \$1,000
- A trailer worth more than \$1,000

Other valuable Personal Property: _____

If you already have Scheduled Item Coverage, do we have current appraisals on file? Yes No

ROOM COUNT

This information should be included ONLY if the overall square footage from page 2 is unknown.

Indicate how many of each room you have and the approximate square footage of each room.

	Number	Sq. Ft.
Entry Hall/Foyer		
Kitchen <input type="checkbox"/> Custom <input type="checkbox"/> Builder's Grade		
Breakfast Nook		
Dining Room		
Living Room		
Family/Great Room		
Den		
Office/Extra Room		
Laundry Room		
Bedrooms		
Half Baths <input type="checkbox"/> Custom <input type="checkbox"/> Builder's Grade		
Full Baths <input type="checkbox"/> Custom <input type="checkbox"/> Builder's Grade		
Attic Finished? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fireplace – Single (Single is 1 firebox, 1 chimney)		
Double (Double is 2 fireboxes, 1 chimney)		
Triple (Triple is 3 fireboxes, 1 chimney)		
Walk-in Closets		
3-Season Room		
Wine Cellar		
Home Theater		

PROPERTY INFORMATION

Have you had any coverage declined, cancelled or non-renewed during the last 3 years? Yes No

Have you had a foreclosure, repossession or bankruptcy during the last 5 years? Yes No

Any losses in the past 3 years? Yes No
If "yes," amount paid? _____

Any unrepaired damage? Yes No

Is the property located within 2 miles of tidal water? Yes No

Is the property situated on more than 5 acres? Yes No

Is the house in a a flood zone? Yes No

Property is how far from the nearest fire hydrant? _____

Property is how far from the nearest fire station? _____

Are you part of a homeowners association? Yes No

Has the ownership of the home been transferred to a trust? Yes No

MORTGAGE INFORMATION

Do you have a mortgage? Yes No

Is your homeowners premium escrow billed? Yes No

Mortgagee Name and Address

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

NEW PURCHASES

Purchase price of home: _____ Closing Date: _____

ADDITIONAL INFORMATION:

How did you hear about our agency?
 Word of mouth Referral Advertising/Web Site Other

We offer a full line of insurance products. Are you interested in talking to us about any of the following?

- Auto Insurance Life Insurance Business Insurance
- Flood Insurance Personal Umbrella Coverage Commercial Umbrella Coverage
- Other

Signature: _____ Date: _____