



Homeowners Insurance Questionnaire

This questionnaire will assist us in determining the replacement cost of your home.

Please answer all of the questions requested to help us arrive at an accurate dwelling coverage limit.

Upon completion, please mail, fax or deliver the questionnaire to us so that we can provide you with a homeowners insurance quote.

Amos Phelps Insurance
27 Market St., P.O. Box 551,
Rockland, MA 02370

FAX: 781-878-1762
PHONE: 781-878-0217
EMAIL: info@amosphelps.com

J.H. Slattery Insurance Agency
513 Washington St.,
Abington, MA 02351

FAX: 781-878-5230
PHONE: 781-878-5700
EMAIL: info@slatteryinsurance.com

If you have any questions or need assistance, please call or email.

APPLICANT(S) INFORMATION

Applicant #1

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

Social Security #: _____

Date of Birth: _____

Applicant #2

Name: _____

Mailing Address: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

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: _____

Occupation _____

Number of Years Employed: _____

Applicant #2

Employer's Name: _____

Employer's Phone: _____

Occupation _____

Number of Years Employed: _____

Do you use your home for business in ANY capacity? _____

Yes

No

If "yes," brief explanation: _____

DWELLING INFORMATION

Style of Home

1 Story

1 Family

Raised Ranch

1.5 Story

2 Family

Split Level

2 Story

3 Family

Cape

2.5 Story

Other

Colonial

Other

What year was the home built? _____

DWELLING INFORMATION (continued)

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

(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 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:

<input type="checkbox"/> Skylights _____	<input type="checkbox"/> Hot Tub _____	<input type="checkbox"/> Fireplace – check which applies:
<input type="checkbox"/> Bay Windows _____	<input type="checkbox"/> Atrium Windows _____	<input type="checkbox"/> Single
<input type="checkbox"/> Wood Stove _____	<input type="checkbox"/> Atrium/French Door _____	<input type="checkbox"/> Double
<input type="checkbox"/> Wet Bar _____	<input type="checkbox"/> Exterior Storm Shutters _____	<input type="checkbox"/> Triple
<input type="checkbox"/> Picture Window _____	<input type="checkbox"/> Bow Windows _____	
<input type="checkbox"/> Glass Sliding Door _____	<input type="checkbox"/> 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 (check all that apply):
 Inground Above Ground
 Fenced Locked
 Slide Diving Board
 Cement Gunite Other
Size of pool: _____

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
(Dog, cat, snake, ferret, etc.)
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? _____ Standard Custom Designer

How many Bathrooms are in your home? _____ Full (3 or more fixtures with tub) _____
(Specify number of each) 3/4 (sink, toilet, stand up shower) _____
 1/2 (sink and toilet only) _____

Please indicate quality grades: Standard Custom Designer

DWELLING INFORMATION (continued)

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? _____

Does your house have a secondary source of heat? Yes No
 If "yes," please describe: _____

Electrical Service: Fuses Breaker Switches Amp Rating: _____

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 a central vacuum system? Yes No

Does your home have a wine cellar? Yes No

Does your home have a home theater 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? _____

Do you have a sump pump or french drain in your basement? Yes No
 If yes, is it powered with a back-up generator? Yes No

What types of alarms do you have in the house? Check all that apply.
 Fire/Smoke Burglary
 Temperature Flood
 Carbon Monoxide

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	%	Linoleum	%
Stucco	%	Faux Finish	%	Slate	%	Veneer	%
Brick	%	Wallpaper	%			Ceramic Tile	%
Solid Brick	%	Paneling	%	CEILINGS		Marble Tile	%
Solid Stone	%	Ceramic Tile	%	Drywall	%	Slate	%
Masonry	%	Brick	%	Plaster	%	Brick	%
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
- Collectables
- Personal Computer
- Silverware, Goldware, or Pewter worth more than \$1,000
- A trailer worth more than \$1,000
- Fine Arts
- Paintings
- Jewelry, Furs, or Watches worth more than \$1,000
- Guns 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

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," please provide details and amount paid? _____

Any unrepaired damage to your home? 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 flood zone? Yes No

Are you part of a homeowners association? Yes No

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

If "yes," what is the name of the trust? _____

MORTGAGE INFORMATION

Do you have a mortgage? Yes No

Is your homeowners premium escrow billed? Yes No

Who is your current homeowners insurance carrier? _____ Expiration Date: _____

Who is your current auto insurance carrier? _____ Expiration Date: _____

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: _____