

Homeowner's Review

Date _____

Name _____ Phone _____

Mailing address _____

Location (if different) _____

Currently insured? Yes _____ No _____ If not currently insured, how long owned? _____

Year constructed _____ Number of stories _____ Square footage _____

Stick built _____ Manufactured home _____ Title / Steel beam _____ HUD or BOCA rated _____

Crawl space or basement (circle one) If basement; full or partial (circle one), finished or unfinished (circle one)

Type of siding _____ Type of roofing _____

Deck/size _____ Breezeway/size _____ Porch/size _____

Garage? Yes _____ No _____ If yes, detached or attached (circle one) How many cars? _____

Any other outbuildings _____

Increased outbuilding coverage needed _____

Primary heating source _____

Woodstove? Yes _____ No _____ If yes, where is stove located? _____

Type of chimney _____ Any double venting _____

Fireplace? Yes _____ No _____ If yes, where located _____

Number of baths _____

Year of updates: Heating _____ Plumbing _____ Wiring _____

Roofing _____ Siding _____ Water backup / Sump pump needed _____

Dwelling coverage amount on current policy _____ Personal liability _____

Medical payments _____ Deductible requested _____

Primary home? Yes _____ No _____ Seasonal or secondary? _____

Insured's date of birth _____ Social Security number _____

AARP member _____ Non-smoker credit _____ Smoke detectors _____ Fire extinguishers _____

Deadbolt locks on all doors _____

Age and breed of dogs _____

Farming or livestock on premises _____

Any business conducted on premises _____

Trampoline? Yes _____ No _____

Any claims in the past 5 years? Yes _____ No _____ If yes, please provide details _____

Boats? Yes _____ No _____

ATVs? Yes _____ No _____

Snowmobiles? Yes _____ No _____

Collectibles? Yes _____ No _____

Personal Umbrella? Yes _____ No _____