

DWELLING FIRE & HOMEOWNER QUESTIONNAIRE

Please fill in the needed information to process your quotation.

Name: _____ Tel: _____

Location 1

Property Address:

City _____ Zip _____

1. Square feet _____

2. Year built _____

3. Roof type _____

4. Construction type _____

5. Foundation _____

6. No. of stories _____

7. No. of units _____

8. No. of rooms _____

9. No. of baths _____

10. No of fireplaces _____

11. Deductible _____

12. Medical amount _____

13. Personal Liab amount _____

14. Smoke alarm Y or N

15. Fire Extinguisher Y or N

16. Theft alarm Y or N

17. Central Station alarm/or fire
Y or N

Location 2

Property Address:

City _____ Zip _____

Square feet _____

Year built _____

Roof type _____

Construction type _____

Foundation _____

No. of stories _____

No. of units _____

No. of rooms _____

No. of baths _____

No. of fireplaces _____

Deductible _____

Medical amount _____

Personal Liab amount _____

Smoke alarm Y or N

Fire Extinguisher Y or N

Theft alarm Y or N

Central Station alarm/or fire
Y or N

18. Earthquake Y or N

Earthquake Y or N

19. Attached garage Y or N

Attached garage Y or N

20. Garage/No. of cars _____

Garage/No. of cars _____

21. Rental amount if any _____

Rental amount if any _____

22. Dogs Y or N Breed _____

Dogs Y or N Breed _____

23. Bite history Y or N

Bite history Y or N

Details _____

Details _____

24. Pool Y or N

Pool Y or N

UPDATES:

Heat

Heat

Type: _____

Type: _____

Year: _____

Year: _____

Electric

Electric

Type: _____

Type: _____

Year: _____

Year: _____

Plumbing

Plumbing

Type: _____

Type: _____

Year: _____

Year: _____

Roof

Roof

Type: _____

Type: _____

Year: _____

Year: _____

Losses: _____
