



HOMEOWNERS QUESTIONNAIRE

1. Name on Land Title: _____

2. Address of property: _____

3. Owners date of birth: _____

4. Years lived at current address: _____

5. Year of construction: _____

6. If home is over 20 years old, provide information regarding age or the year replaced or renovated:

Roof: _____ Heating: _____ Electrical _____ Plumbing: _____

7. Is the plumbing copper, plastic or a mix of both? _____

8. Does the home have ABS drains? _____

9. Is there a water flow alarm or automatic shut-off valve? _____

10. Do you have a burglar alarm and if so, is it local or monitored? _____

11. Do you have a fire alarm and if so, is it local or monitored? _____

13. Are there water sprinklers in the residence? Number: _____

14. Are there fire extinguishers in the residence? Number: _____

15. Is the electrical copper & at least 100 AMP service? _____

16. For older homes, is there any knob & tube or aluminum wiring? _____

17. Main heating fuel source? _____

18. What is the primary roofing material? _____

19. What is the primary exterior siding material? _____

20. What is the total square footage for all living space above grade? _____



- 21. What is the total square footage of the basement? _____
- 22. Does the basement have an exit to ground level? _____
- 23. Are there any rental suites in the dwelling and if so how many? _____
- 24. Are there any decks or porches and if so, how many square feet? _____
- 25. Are there any rental suites in the home and if so, how many? _____
- 26. Are there wood burning fireplaces and if so how many? _____
- 27. Are there natural gas fireplaces and if so how many? _____
- 28. Is there a garage and is it attached/detached? How many cars? _____
- 29. Is there a carport and is it attached/detached? How many cars? _____
- 30. Is there a swimming pool or hot tub and if so is it in or above ground? _____
- 31. How many full and half bathrooms are there? _____
- 32. Do you currently carry any mortgages on the property? _____
- 33. Have you had previous home insurance? If yes, provide company and policy #: _____
- 34. Do you wish to carry earthquake insurance? _____
- 35. Do you have any business operations out of your home? _____
- 36. Have you had any claims in the last 5 years? If so, please describe: _____