

To assist us in protecting you against possible uninsured losses, and to keep our information current, please complete the following questionnaire and return to our office.

YES NO _____

Do you wish to make any changes to your current coverage amounts?

Have you made any improvements or renovations to your home since you last reviewed the coverage amounts on your policy?

If your home is over 20 years old, have you upgraded your:

	Y/N	Year
Wiring:	_____	When: _____
Plumbing:	_____	When: _____
Heating:	_____	When: _____
Roof:	_____	When: _____

Is the name on the policy the same as that shown on your deed?

Is the mortgage information shown on the policy correct?

Please provide loan#: _____

Is your premium paid from your escrow account?

Do you own any of the following that exceeds \$1,000 in value?

	Y/N
Jewels	_____
Furs	_____
Firearms	_____
Silver	_____

Do you own any antiques, fine art, or collections?

Do you work, maintain or operate a business, or keep samples for your business in your home? (Please include baby-sitting, lawn mowing, salon services, Pampered Chef, etc.)

Do you own any water craft? If yes please describe:

Power/Sail: _____ HP: _____ Length: _____

Do you own any animals? How many? _____

Please describe: _____

YES NO

Do you own any additional property or vacant land?

Do you rent your home (such as Airbnb) or any portion of your home or property?

Do you own a golf cart, motor-bike, jet ski, snowmobile or other powered vehicle not registered or separately insured?

Does your home have a pool? Is it fenced? Y/N: _____
Above or In-ground? _____

Does your home have a trampoline? Is it fenced? Y/N: _____

Does your home have: **Y/N**

Dead bolt locks _____

Smoke detectors _____

Fire extinguishers _____

Alarm system _____

Your homeowners policy DOES NOT provide flood insurance.
Would you be interested in a quote for flood insurance?

Would you be interested in a quote for Auto or Umbrella Insurance?

Please review your current deductible amount.
Would you be interested in a quote for a different deductible?
() \$500 () \$1000

**Thank you for taking the time to complete this questionnaire.
Please call our office if you would like to discuss any of these items.**

Insured's Printed Name: _____

Date: _____

Phone: Home _____ Work _____ Mobile _____

Email: _____

I confirm that the information given in this form is true, complete and accurate.

SUBMIT

PLEASE NOTE: Submission of this form may NOT work through all browsers. Once you click the Submit button, if an email is not generated, you must download and save the form to your computer. You will then be able to submit the form directly from your PDF reader.