

HOMEOWNERS/RENTERS QUESTIONNAIRE

Your full name: _____

Date of birth: _____

Your email address: _____

Home Phone: _____

Business Phone: _____

Property Street Address: _____

City/Town: _____

Closing or Effective Date: _____

Mortgage Amount: _____

Purchase Price: _____

Frame or Brick? Frame Brick

of Families: _____

Is property occupied by: Owner Tenant Vacant

Style: _____

Square Footage: _____

Year Built: _____

Age of Roof: _____

Heat: Gas Oil Electric Other

Are there any underground fuel tanks? Yes No

Smoke Detectors: Yes No

Fire or Burglar Alarm? Yes No

If Dog Owner, Breed: _____

Smoker? Yes No