



PROPERTY QUESTIONNAIRE

Date:		Producer:			CSR:		
Renewal date:		Current Insurer:			Policy number:		
APPLICANT INFORMATION							
Last Name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Marital status (circle one) Single / Mar / Div / Sep / Wid							
Address:			City:		Postal Code:		Non-Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sex: <input type="checkbox"/> M <input type="checkbox"/> F							
Home phone no.:		Work phone no.:			Cell phone no.:		
()		()			()		
Fax no.:		Email:			D.O.B. for Applicant & Spouse:		
()					month day year month day year		
<input type="checkbox"/> Primary Residence		<input type="checkbox"/> Seasonal Dwelling		<input type="checkbox"/> Investment Property		<input type="checkbox"/> Condo Package <input type="checkbox"/> Tenant Package Other:	
CONSTRUCTION & FEATURES							
Year Built:		No. of Families:		<input type="checkbox"/> One <input type="checkbox"/> Two		Other:	
Stories:		<input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2		<input type="checkbox"/> Side split <input type="checkbox"/> Back split		Other:	
Structure:		<input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached		<input type="checkbox"/> Townhouse <input type="checkbox"/> Condo		<input type="checkbox"/> Tenant Other:	
Updates:		(Complete only if home is 20 years or older)					
<input type="checkbox"/> Roof		Year:		<input type="checkbox"/> Heating		Year:	
<input type="checkbox"/> Plumbing		Year:		<input type="checkbox"/> Electrical		Year:	
Total Living Area: (Excluding Basement)			Square Feet				
Basement:		<input type="checkbox"/> Finished		% Finished		Foundation: <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Concrete Block	
No. of Bathrooms:		<input type="checkbox"/> Ensuite (4 Fixtures)		<input type="checkbox"/> Full (3 Fixtures)		<input type="checkbox"/> Half (2 Fixtures)	
Height of Interior Walls (%):		8 ft. walls		9 ft. walls		Other:	
Partitions (%):		Drywall		Plaster			
Exterior Walls (%):		Wood		Brick Veneer		Solid Brick Other:	
Roofing (%):		Asphalt Shingles		Tar and Gravel		Other:	
Wall Coverings (%):		Paint		Wall Paper		Wood Panel Etc.	
Flooring (%):		Ceramic Tile		Hardwood		Granite/Marble	
		Wall to Wall Carpet		Other:			
Heating:		<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electrical		Amps.		<input type="checkbox"/> Forced Air <input type="checkbox"/> Radiator	
Garage:		<input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car		<input type="checkbox"/> Attached <input type="checkbox"/> Detached		<input type="checkbox"/> Built-In <input type="checkbox"/> Carport	
Porches:		<input type="checkbox"/> Open <input type="checkbox"/> Closed		SQFT.		<input type="checkbox"/> Balcony <input type="checkbox"/> Deck	
Fireplace:		<input type="checkbox"/> Yes <input type="checkbox"/> No #		<input type="checkbox"/> Gas Insert <input type="checkbox"/> Direct Vent Gas		<input type="checkbox"/> Wood Stove Other:	
Air Conditioning:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Same Ducts <input type="checkbox"/> Separate Ducts		<input type="checkbox"/> Radiant Floor Heating Other:	
Detached Structures:		<input type="checkbox"/> Shed		No. of Sheds		Other:	
Swimming Pool:		<input type="checkbox"/> Yes <input type="checkbox"/> No		SQFT.		<input type="checkbox"/> Vinyl Liner <input type="checkbox"/> Reinforced Concrete Other:	
Built-Ins:		<input type="checkbox"/> Central Vacuum <input type="checkbox"/> Jacuzzi		<input type="checkbox"/> Hot Tub <input type="checkbox"/> Intercom		<input type="checkbox"/> Extra Kitchen <input type="checkbox"/> Sky-Lights <input type="checkbox"/> Wet Bar	
Alarms:		<input type="checkbox"/> Local Burglar <input type="checkbox"/> Central Burglar		<input type="checkbox"/> Local Fire <input type="checkbox"/> Central Fire		Other:	

CLAIMS HISTORY

Date you insured your home?						
Any claims in past 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:	Date:		
				Month	Day	Year

OPTIONS

Liability Coverage Requested:	\$		Value of Contents:	\$	
Deductible Requested:	\$				
Sewer Back-up:	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Earthquake:	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Mass Evacuation:	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Other:					
Mortgage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name and Address:		

SCHEDULED ITEMS

Item:	Description:	Appraisal	Value
		<input type="checkbox"/>	\$
		<input type="checkbox"/>	\$
		<input type="checkbox"/>	\$
		<input type="checkbox"/>	\$
		<input type="checkbox"/>	\$

OTHER NAMES LISTED ON POLICY

Last Name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Relationship to Applicant:	
					D.O.B.	
Last Name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Relationship to Applicant:	
					D.O.B.	
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					D.O.B.	

COMMENTS

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Applicant signature

Date