New Homeowner Questionnaire

Name: _____ **Home Phone:** _____

Residence Address: _____ **Cell Phone:** _____

Mailing Address: _____ **Fax:** _____

Email _____

Owner
Date of Birth _____
Social Security # _____
Occupation _____

Co-Owner/Spouse (if applicable)
Date of Birth _____
Social Security # _____
Occupation _____

Residence ☐ Primary ☐ Secondary **Closing Date** _____

Proximately to water _____
Purchase Price $ _____ **Mortgage Amount** $ _____ **Contents** $ _____
Prior Carrier _____ **Policy #** _____ **Exp date** _____
Any losses in past 3 years? ☐ No ☐ Yes **If yes, please explain:** _____

Style of House: ☐ Ranch ☐ Colonial ☐ Bi-Level
Construction: ☐ Frame ☐ Masonry ☐ Stucco

Year Built **Sq Feet** **Type of roof** _____ ☐ **Peaked** ☐ **Flat**

# of families _____ **# of Occupants** _____ **Garage** ☐ No ☐ Yes **If yes, # of cars** _____

Cental Air? ☐ Yes ☐ No **# of Baths** _____ **# of ½ baths** _____

Basement? ☐ **Finished?** ☐ Yes ☐ No **Dogs?** ☐ No ☐ Yes Breed _____

Type of Heat: ☐ Oil ☐ Gas ☐ Electric **Location of tank:** _____ **Tank Coverage:** _____

Swimming Pool: ☐ No ☐ Yes *If yes, is pool ☐ above ground or ☐ in ground | **Is pool fenced?** ☐ Yes ☐ No
Trampoline: ☐ Yes ☐ No

Please fill in year updated:
(For houses over 25 years old)
Roof _____ Plumbing _____ Electric _____ Heating _____

Alarm Systems? ☐ No ☐ Yes (☐ Fire ☐ Smoke ☐ Burglar) ☐ Local **or** ☐ Central Station

Coverage:
☐ Dwelling _____
☐ Liability _____
☐ Deductible _____
☐ Silverware _____

Please check if you are interested in receiving add'l quotes for a: ☐ Flood policy ☐ Auto policy ☐ Umbrella Policy

Do you currently have other insurance needs? If we do not currently write all of your insurance, give us the opportunity to be your insurance professional by receiving a comprehensive comparison quote.

PLEASE FAX COMPLETED FORM TO 732.574.8001 OR E-MAIL sds@insctrs.com