

HOMEOWNERS INSURANCE QUESTIONNAIRE

First Named Insured:		DOB:	Profession:	
Second Named Insured:		DOB:	Profession:	
Mailing Address:	:			
Email:		Cell Phone:	Home Pho	ne:
Effective Date: _		Move In Date:		
		PRIOR INFORMATION		
Prior Address:				
Prev Insurance C	Co:	# Yrs with Coverage	: Premium	(\$):
# of Claims During the Last Three Years:		(if more	than 0, complete secti	ion below)
Date:		Cause:		Approx Payout (\$):
	P	ROPERTY INFORMAITO)N	
Property Addre	SS:		County:	
Year Built:		Above Gra	ade Square Footage:	
No. of Stories:		Basement	: % Finish	ned:
Type of house:		Other:		
House Construc	ction:	Other:		
Garage:	# Car Spaces:	Porch:	Total size of Porc	ch(es):
Deck:	Total size of Deck(s):	# Fireplace	es: Woodsto	ove:
# of Kitchens:	Quality:	Central A/	C: Oil Tanl	< :
# Full Baths:	Quality:	# Half Batl	hs: Quality:	
Deadbolt:	Back Up Generator:	Fire Exting	guishers:	
Less than 5 miles from Fire Dept?		Less than	1,000 feet from fire hy	drant?
Other Structure	es?			

Construction	Type/Material	Year of
		Renovation
ROOF		
HEAT		
ELECTRIC/WIRING		
PLUMBING		

Safety Devices	Local or Centrally Monitored by 3 rd Party
FIRE	
BURGLAR	
SPRINKLER	
WATER MONITOR	

SCHEDULED ARTICLES (\$)

Jewelry (\$):	Fine Arts (\$):	Computers (\$):
Silverware (\$):	Business Property (\$):	Guns (\$):
Other(s):		

PROPERTY LIABILITY EXPOSURES

Pets:	Breed & B	ite History?		
In-Home Busines	is:	Employees:	Details:	
Pool:		Fenced:		Trampoline:
Other Residences (Own/Rent/Occupy):				

MORTGAGE/INTERESTED PARTIES

Mortgage on property?	Loan Number:
Mortgage Company:	
Mortgage Co Address:	

How did you hear about Mason & Carter, Inc.?

Any additional details:

