



Homeowners Insurance Questionnaire

This questionnaire will assist us in determining the replacement cost of your home. Please answer all of the questions with the information requested to best help us arrive at an accurate dwelling coverage limit.

Upon completion of this questionnaire, please send it to us so that we can provide you with a homeowners insurance quote.

You can drop it off or mail it to us at:

**27 Market Street
P.O. Box 551,
Rockland, MA 02370-0551**

Or you can fax it to us at:
(781) 878-1762

If you have any questions or if you need any assistance, please contact us at:

(781) 878-0217

info@amosphelps.com

APPLICANT(S) INFORMATION

Applicant #1

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

Social Security #: _____

Date of Birth: _____

Applicant #2

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

Social Security #: _____

Date of Birth: _____

PROPERTY LOCATION (IF DIFFERENT THAN ABOVE)

Address: _____

City: _____

State: _____

Zip: _____

EMPLOYER INFORMATION

Applicant #1

Employer's Name: _____

Employer's Phone: _____

Number of Years Employed: _____

Applicant #2

Employer's Name: _____

Employer's Phone: _____

Number of Years Employed: _____

DWELLING INFORMATION (continued)

Is there a trampoline on the premises? Yes No
If yes, is there an enclosure around it? Yes No

Does the Applicant own any animals? Yes No
If "yes" for a dog, any history of aggression? Yes No
If "yes" for a dog, specify age and breed: _____

How many Kitchens are in your home? _____

Please indicate if your kitchen(s) have the following features:

- Jenn-Aire Stove Walk-In Freezer Sub-Zero refrigerators
 Motorized pantry Indoor BBQ Center island with cabinets or sink
 Corian, granite or authentic marble countertop

How many Bathrooms are in your home? _____

Full (3 or more fixtures with tub) 3/4 (sink, toilet, stand up shower)

1/2 (sink and toilet only)

Please indicate quality grades:

- Standard Custom Designer

What is the homes primary source of heat?

- Oil Gas Electric Other

If your house is heated with oil, where is the oil tank located? _____

How old is the heating system? _____

Electrical Service

Fuses Breaker Switches Amp Rating: _____

Does your house have a secondary source of heat? Yes No

If "yes," please describe: _____

Does your house have central air conditioning? Yes No

If "yes," does it share ducts with your heating system? Yes No

Does your home have central vacuum system? Yes No

What is the age of the roof on your house? _____

What is the age of the plumbing in your house? _____

What is the age of the electrical in your house? _____

Is water in your basement a concern to you? Yes No

What type of sewerage system do you have? Town sewerage Septic system

Are there smoke alarms in your house? Yes No

Are there other types of alarms in the house? Yes No

If yes, please describe:

DWELLING INFORMATION (continued)

Which materials below best describe the materials found in your home? Please indicate your answers as percentages of total (5%, 10%, 25%, etc). If your home contains materials not found on this list, please select a similar material from the list and use the reverse side of this form for additional explanation, if necessary. Each category should total 100%.

EXTERIOR WALLS

Clapboard %
 Wood siding %
 Aluminum %
 Vinyl Siding %
 Wood Shakes %
 Stone Veneer %
 Stucco %
 Brick %
 Solid Brick %
 Solid Stone %
 Masonry %
 Log %

INTERIOR WALLS

Plaster %
 Dry Wall %
 Studs Only %
WALL FINISHES
 Paint %
 Faux Finish %
 Wallpaper %
 Paneling %
 Ceramic Tile %
 Brick %
 Stone %
 Marble %

ROOF COVER

Asphalt %
 Metal %
 Clay Tile %
 Wood Shakes %
 Tar & Gravel %
 Rubber %
 Slate %
CEILINGS
 Drywall %
 Plaster %
 Acoustic Tile %
 Wood %
 Other %

FLOOR

Hardwood %
 W to W Carpet %
 Wool Carpet %
 Berber Carpet %
 Parquet %
 Veneer %
 Ceramic Tile %
 Marble Tile %
 Slate %
 Brick %

PERSONAL PROPERTY

Do you have or are you in need of scheduled item coverage for any of the following:

- Antiques
- Fine Arts
- Collectables
- Paintings
- Personal Computer
- Jewelry, Furs, or Watches worth more than \$1,000
- Silverware, Goldware, or Pewter worth more than \$1,000
- Guns worth more than \$1,000
- A trailer worth more than \$1,000

Other valuable Personal Property: _____

If you already have Scheduled Item Coverage, do we have current appraisals on file? Yes No

ROOM COUNT

This information should be included ONLY if the overall square footage from page 2 is unknown.

Indicate how many of each room you have and the approximate square footage of each room.

	Number	Sq. Ft.
Entry Hall/Foyer		
Kitchen <input type="checkbox"/> Custom <input type="checkbox"/> Builder's Grade		
Breakfast Nook		
Dining Room		
Living Room		
Family/Great Room		
Den		
Office/Extra Room		
Laundry Room		
Bedrooms		
Half Baths <input type="checkbox"/> Custom <input type="checkbox"/> Builder's Grade		
Full Baths <input type="checkbox"/> Custom <input type="checkbox"/> Builder's Grade		
Attic Finished? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fireplace – Single (Single is 1 firebox, 1 chimney)		
Double (Double is 2 fireboxes, 1 chimney)		
Triple (Triple is 3 fireboxes, 1 chimney)		
Walk-in Closets		
3-Season Room		
Wine Cellar		
Home Theater		

PROPERTY INFORMATION

Have you had any coverage declined, cancelled or non-renewed during the last 3 years? Yes No

Have you had a foreclosure, repossession or bankruptcy during the last 5 years? Yes No

Any losses in the past 3 years? Yes No
If "yes," amount paid? _____

Any unrepaired damage? Yes No

Is the property located within 2 miles of tidal water? Yes No

Is the property situated on more than 5 acres? Yes No

Is the house in a a flood zone? Yes No

Property is how far from the nearest fire hydrant? _____

Property is how far from the nearest fire station? _____

Are you part of a homeowners association? Yes No

Has the ownership of the home been transferred to a trust? Yes No

MORTGAGE INFORMATION

Do you have a mortgage? Yes No

Is your homeowners premium escrow billed? Yes No

Mortgagee Name and Address

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

NEW PURCHASES

Purchase price of home: _____ Closing Date: _____

ADDITIONAL INFORMATION:

How did you hear about our agency?
 Word of mouth Referral Advertising/Web Site Other

We offer a full line of insurance products. Are you interested in talking to us about any of the following?

- Auto Insurance Life Insurance Business Insurance
- Flood Insurance Personal Umbrella Coverage Commercial Umbrella Coverage
- Other

Signature: _____ Date: _____