

HOME QUESTIONNAIRE COST ESTIMATOR

Referred By: _____
 Effective Date: _____ Today's Date _____
 Name: _____ DOB: _____ SS#: _____
 Spouse Name: _____ DOB: _____ SS#: _____
 Address: _____ How Long? _____
 Email Address: _____ Phone # _____ Cell # _____
 Previous Address: (If less than 3 years) _____

Construction Type: (circle) Ranch High-Ranch Split-Level Condo Colonial Cape-Cod Town House Co-op
 Year Built? _____ # Stories _____ Floors in Condo: _____ # of Families: _____

Construction Frame / Masonry Siding type
 Square Footage of Dwelling: _____ sq. ft. Material: _____ Roof: Pitched or Flat

Garage? Y / N Attached Built-in Detached # of Cars _____
 Fireplace? Y / N IF YES: Brick Stone 1 - 2 Story Chimney _____
 Porch? Y / N IF YES: Open _____ Closed _____ Square feet? _____
 Deck? Y / N IF YES: How many square feet? _____
 Central Air? Y / N IF YES: Does it use Heating Ducts? Y N

New Purchase Y / N _____
Closing Date: _____
Purchase Price: _____
Mortgage Amount: _____
Escrowing: Y / N _____

Basement? Y / N IF YES: Finished? Y / N Partially Finished? Y / N Square Feet: _____
 Pool? Y / N IF YES: Above Ground? Y / N In-ground? Y / N Fenced? Y / N Diving Board? Y / N

Security (circle all that apply): Smoke Alarms Fire Extinguisher Dead Bolts Central Station Alarm Burglar-Fire

Type of Heat: Oil or Gas Is oil tank in-ground? Y / N Where is oil tank _____ How old is oil tank _____

Animals? Types: _____ Number in household: _____ Trampoline on Premises? Y / N

Electrical Amperage in House: 100 150 200 Wood Burning Stove: Y / N Non-Smoker: Y / N

Updates (fill in year): Electrical _____ Plumbing _____ Heating _____ Roof _____

Usage Primary / Secondary / Seasonal

Secondary - tenant occupied, seasonal - when is dwelling used? _____ Other credits: AARP, AAA, retired, Current Auto Carrier _____

For EACH of the following enter the number of units in your home:

of Kitchen _____ # of Bathrooms (3+ fixtures) _____

Current Policy Information:

Company: _____ Annual Premium: _____ Claims: Last 5 years _____
 Policy No.: _____ Dwelling Limit: _____ Years with Prior Carrier: _____
 Effective Date: _____ Distance from Water: _____

****PLEASE ENCLOSE COPY OF HOMEOWNERS POLICY IF POSSIBLE****

Insured's Occupation Name & Address of Employer:	Insured's Occupation Name & Address of Employer:	Mortgage Name, Address & Loan #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____