

## Homeowners quote questionnaire

Name and address of mortgage  
Fax: 888-959-0340

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Name of Owner/s:

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D.O.B: Cell: SS#

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Name of owner/s:

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D.O.B Cell: SS#

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Email:

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Address:

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Value of property: Mortgage amount:

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Purchase price: Closing date:

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Requested effective date: New purchase: Yes or No

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Already a homeowner: (Proof of current insurance)

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Type of Construction: Sq ft of house:

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Year built: # of families: # of stories:

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last time the following items were updated:

Roof: Electricity: Plumbing: Boiler:

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Heating type: Oil or Gas



**Alarm system: Yes or No**

**Bedrooms:            Full baths:                            ½ baths:**

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**Garage: None / Built-in / Attached / Detached / (circle one)**

**Basement: None / Finished / unfinished (circle one) sq ft:**

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**Swimming pool: Yes or No**

**Trampoline: Yes or No**

**Dogs: yes or No, If yes type of dog:**

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**Any business at home? If yes what type.**

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**Value of Jewelry: \_\_\_\_\_ .If more than \$2500, need an appraisal.**

**Value of artwork or mink coats:**

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**Any lawsuits or claims in the past, if so please explain:**

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