

LANDLORD/DWELLING FIRE QUESTIONNAIRE FOR DWELLINGS

Today's Date: _____ Producer Name: _____

Effective Date: _____ Producer Phone: _____

of Years known applicant: _____

Insured/Co-Applicant

Name(s): _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip: _____

Phone: _____ Insured Email: _____

Marital Status: _____

Insured Date of Birth: _____ / Co-Applicant Date of Birth: _____

Insured SS #: _____ / Co-Applicant SS #: _____

Insured Occupation(s): _____ / Co-Applicant Occupation: _____

Highest Education (circle): High School / Associates Degree / Bachelor's Degree / Law or Medical Degree

Property Location Address: _____ City: _____

County: _____ State: _____ Zip: _____

How many total rental units does insured own?: _____

Property is currently: occupied by tenant _____ vacant _____ or partially occupied

(explain): _____

Amount to be quoted on Dwelling: _____ (100% Replacement Cost or ACV)

Personal Property of the Landlord (appliances, furniture, etc): _____

Liability Limit: _____ Medical Payments: _____ Deductible: _____

Annual Rents: _____ Water Back-up Limit: _____ (not available with all carriers)

Sump Pump? _____ Yes _____ No Back-up sump pump system available? _____ Yes _____ No

Identify back-up system: (circle one) Gas Powered / Water Powered / Battery Powered/ Whole House Generator

Year Built: _____ Purchase Date: _____ Purchase Price: _____ Square Footage: _____

Architecture Style: (Circle) Ranch/Split Level/Colonial/Other: _____ # of Stories: _____

of Bath Rooms: _____ Garage: (Circle) Attached/Detached Garage Size: (Circle) 1 car/2car/3car

Deck: _____ sq ft. Porch (open/enclosed/screened): _____ sq ft.

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Number of Families: One / Two / Three / Four

Exterior Construction: Frame / Aluminum/Vinyl Siding / Masonry / Masonry Veneer / Stucco

Foundation Type: Slab / Crawlspace / Basement (unfinished) / Basement (finished)

Roof Type: Asphalt Shingle / Architectural Shingle / Tile or Slate / Wood Shingle / Tar & Gravel

Heat Type: Gas / Radiator / Other: _____

Additional Features: Central HVAC / Wood Stove / Fireplace # _____ Hot Tub / Trampoline: Open / Enclosed

Fenced Yard: Height of fence _____ ft. / Swimming Pool: Above ground / In ground / Slide / Diving Board

of dogs on premises _____ Breed of each

dog: _____

Does the Home have (Circle):

Monitored Fire/Burglar Alarm (must provide alarm certificate)

Smoke Detectors

Fire Extinguisher(s)

Dead bolt

IF HOME IS MORE THAN 15 YEARS, YOU MUST PROVIDE YEAR THE UTILITIES WERE UPDATED:

Furnace _____ Electrical _____ Plumbing _____ Roof _____

Circuit Breakers or Fuses (circle one)

Any Homeowner claims in past 5 years? Yes / No

If yes, provide details (date/type of loss/amount paid): _____

Current Mortgage Company: _____ Mortgage Bill? Yes _____ No _____

Current Carrier: _____ # of Years w/carrier: _____

Expiration Date: _____ Premium: _____

Has coverage been cancelled or non-renewed in last 3 years? Yes / No

If yes, provide reason: _____

Additional information:
