



# MIBS

Midwest Insurance  
Brokerage Service, Inc.

## HOMEOWNER QUESTIONNAIRE

Today's Date: \_\_\_\_\_ Producer Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Producer Phone: \_\_\_\_\_ Number of Years known applicant: \_\_\_\_\_

Insured/Co-Applicant Name(s): \_\_\_\_\_

(Insured Names must be the same as the deed of the home)

Insured Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Insured Date of Birth: \_\_\_\_\_ / Co-Applicant Date of Birth: \_\_\_\_\_

Insured SS #: \_\_\_\_\_ / Co-Applicant SS #: \_\_\_\_\_

Insured Occupation(s): \_\_\_\_\_ / Co-Applicant Occupation: \_\_\_\_\_

Highest Education: High School\_\_\_ Associates Degree\_\_\_ Bachelor's Degree\_\_\_ Law or Medical Degree\_\_\_

**If at current address less than 3 years, please provide insured's previous address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount to be quoted on Dwelling: \_\_\_\_\_ (100% replacement cost) Deductible: \_\_\_\_\_ Liability

Limit: \_\_\_\_\_ Medical Payments: \_\_\_\_\_ Schedule Jewelry/

Furs/Fine Arts Etc. Amount: \_\_\_\_\_ (provide description & value of each item)

Water Back-up Limit (amount): \_\_\_\_\_ Sump Pump? Yes \_\_\_ No \_\_\_

Back-up sump pump system available? Yes \_\_\_ No \_\_\_

Identify back-up system: Gas Powered\_\_\_ Water Powered\_\_\_ Battery Powered\_\_\_ Whole House Generator\_\_\_

Year Built: \_\_\_\_\_ Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Architecture Style: Ranch\_\_\_ Split Level\_\_\_ Colonial\_\_\_ Other: \_\_\_\_\_ # of Stories: \_\_\_\_\_

# of Bath Rooms: \_\_\_\_\_ Garage: Attached\_\_\_ Detached\_\_\_ Garage Size: 1car\_\_\_ 2car\_\_\_ 3car\_\_\_

Deck: \_\_\_\_\_ sq ft. Porch (open\_\_\_ enclosed\_\_\_ screened\_\_\_): \_\_\_\_\_ sq ft.

**HOMEOWNER QUESTIONNAIRE**

**CHECK ALL THAT APPLY:**

**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\_\_\_

**Roof Design:** Gable\_\_\_ Flat\_\_\_ HIP\_\_\_ Shed\_\_\_ Mansard\_\_\_ Gambrel\_\_\_ Other\_\_\_\_\_

**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\_\_\_

Business in Home? If yes provide details: \_\_\_\_\_

# of dogs on premises \_\_\_\_\_ Breed of each dog:\_\_\_\_\_

**Does the Home have (Check):**

Monitored Fire\_\_\_ Burglar Alarm\_\_\_ (must provide alarm certificate)

Dead Bolt\_\_\_

Fire Extinguisher(s)\_\_\_

Smoke Alarms\_\_\_

Is Property currently: For sale? Yes\_\_\_ No\_\_\_ In Foreclosure: Yes\_\_\_ No\_\_\_

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

Furnace \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_

Electrical System: Circuit Breakers\_\_\_ Fuses\_\_\_ (check one)

Any Homeowner claims in past 5 years? Yes\_\_\_ No\_\_\_

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

Current Mortgage Company: \_\_\_\_\_ Mortgagee 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:  
\_\_\_\_\_