

# 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:

**118 SW Railroad Ave  
P.O. Box 399,  
Hammond, LA 70403**

Or you can fax it to us at:

**(985) 542-6487**

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

**(985) 542-8220**

**(985) 969-2682**

**John D. Ellzey, Jr., CIC**

**jellzey@stielinsurance.com**

## APPLICANT(S) INFORMATION

### Applicant #1

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Applicant #2

Name: \_\_\_\_\_

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: \_\_\_\_\_

Occupation \_\_\_\_\_

Number of Years Employed: \_\_\_\_\_

### Applicant #2

Employer's Name: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Occupation \_\_\_\_\_

Number of Years Employed: \_\_\_\_\_

Do you use your home for business in ANY capacity? \_\_\_\_\_

Yes

No

If "yes," brief explanation: \_\_\_\_\_

## DWELLING INFORMATION

### Style of Home

1 Story

1.5 Story

2 Story

2.5 Story

1 Family

2 Family

3 Family

Other

Hip Roof

Gable Roof

What year was the home built? \_\_\_\_\_

**DWELLING INFORMATION** (continued)

**What is the total square footage of the finished living area of your home?**

(Do not include finished basement.) \_\_\_\_\_

**If you do not have this information, please complete the room count included in this questionnaire.**

Does your home have a deck? Yes No  
If "yes," square footage? \_\_\_\_\_

Does your home have a Breezeway? Yes No  
If "yes," is your Breezeway: Enclosed Screened Open  
If "yes," square footage? \_\_\_\_\_

Does your home have a Porch? Yes No  
If "yes," is your Porch: Enclosed Screened Open  
If "yes," square footage? \_\_\_\_\_

Does your home have a Garage? Yes No  
If "yes," is your Garage: Attached Built In Detached Carport  
If "yes," how many vehicles can be parked in it? \_\_\_\_\_

Which of the following features are in your home? Indicate the number of each:

Skylights \_\_\_\_\_ Hot Tub \_\_\_\_\_ Fireplace –check which applies:  
Bay Windows \_\_\_\_\_ Storm Shutters \_\_\_\_\_ Single  
Wood Stove \_\_\_\_\_ Sliding Glass Door \_\_\_\_\_ Double  
Wet Bar \_\_\_\_\_ Triple

Does your home have a Basement? Yes No  
If "yes," what percent is finished? \_\_\_\_\_

If your home does not have a full basement, what percentage is slab? \_\_\_\_\_  
Crawl Space Stilts If raised, is it enclosed with lattice or other material? Yes No

Is there a Shed on the property? Yes No  
If "yes," what is square footage of shed? \_\_\_\_\_

Is there a Swimming Pool on the property? Yes No  
If "yes," is your Pool (check all that apply): Inground Above Ground  
Fenced Locked  
Slide Diving Board  
Size of pool: \_\_\_\_\_

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  
(Dog, cat, snake, ferret, etc.)  
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? \_\_\_\_\_ Standard Custom

How many Bathrooms are in your home? \_\_\_\_\_  
(Specify number of each)

Please indicate quality grades: Standard Custom

**DWELLING INFORMATION** (continued)

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? \_\_\_\_\_

Does your house have a secondary source of heat? Yes No  
 If "yes," please describe: \_\_\_\_\_

Electrical Service: Fuses Breaker Switches Amp Rating: \_\_\_\_\_

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 a central vacuum system? Yes No

Does your home have a wine cellar? Yes No

Does your home have a home theater 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? \_\_\_\_\_

Do you have a sump pump or french drain in your basement? Yes No  
 If yes, is it powered with a back-up generator? Yes No

What types of alarms do you have in the house?  
 Check all that apply. Fire/Smoke Temperature Burglary  
 Carbon Monoxide Flood

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		INTERIOR WALLS		ROOF COVER		FLOOR	
<u>Clapboard</u>	%	<u>Plaster</u>	%	<u>Asphalt</u>	%	<u>Hardwood</u>	%
<u>Wood siding</u>	%	<u>Dry Wall</u>	%	<u>Metal</u>	%	<u>W to W Carpet</u>	%
<u>Aluminum</u>	%	<u>Studs Only</u>	%	<u>Clay Tile</u>	%	<u>Wool Carpet</u>	%
<u>Vinyl Siding</u>	%			<u>Wood Shakes</u>	%	<u>Berber Carpet</u>	%
<u>Wood Shakes</u>	%	WALL FINISHES		<u>Tar &amp; Gravel</u>	%	<u>Parquet</u>	%
<u>Stone Veneer</u>	%	<u>Paint</u>	%	<u>Rubber</u>	%	<u>Linoleum</u>	%
<u>Stucco</u>	%	<u>Faux Finish</u>	%	<u>Slate</u>	%	<u>Veneer</u>	%
<u>Brick</u>	%	<u>Wallpaper</u>	%			<u>Ceramic Tile</u>	%
<u>Solid Brick</u>	%	<u>Paneling</u>	%	CEILINGS		<u>Marble Tile</u>	%
<u>Solid Stone</u>	%	<u>Ceramic Tile</u>	%	<u>Drywall</u>	%	<u>Slate</u>	%
<u>Masonry</u>	%	<u>Brick</u>	%	<u>Plaster</u>	%	<u>Brick</u>	%
<u>Log</u>	%	<u>Stone</u>	%	<u>Acoustic Tile</u>	%		
		<u>Marble</u>	%	<u>Wood</u>	%		
				<u>Other</u>	%		

**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

**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," please provide details and amount paid? \_\_\_\_\_

**Any unrepaired damage to your home?**      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 flood zone?      Yes      No

Are you part of a homeowners association?      Yes      No

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

If "yes," what is the name of the trust? \_\_\_\_\_

**MORTGAGE INFORMATION**

Do you have a mortgage?      Yes      No

Is your homeowners premium escrow billed?      Yes      No

Who is your current homeowners insurance carrier? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Who is your current auto insurance carrier? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Mortgagee Name and Address**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Insured Value**

**Liability Amount:**

**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:** \_\_\_\_\_