



DWELLING QUESTIONNAIRE

Date: _____

Your Name: _____ Date of Birth: _____ S.S. Number: _____

Your Mailing Address: _____
Street City State ZIP

Day Phone: _____ Home Phone: _____ Email _____

Occupation & Employer: _____ How Long? _____

Do you own a dog? Yes / No If Yes, what type: _____ (please include each type for mixed breeds)

Property Information

Property Address: _____
Street City State ZIP

Year Built: _____ Replacement Cost Value (Cost to Rebuild):\$ _____

Is This a New Purchase? Yes / No If Yes, Expected Closing Date: _____

Number of Stories: _____ Square Footage: _____ Type of Roof: _____

Basement? Yes / No Finished? Yes / No Daylight? Yes / No Garage? Yes / No Attached? Yes / No

Mortgage? Yes / No Fireplace? Yes / No # of Chimneys _____ Number of Full Baths _____

Current Insurance Carrier: _____ (Please attach a copy of current Declarations Page if available)

Heating System Type: _____

Security System? Yes / No If Yes, indicate vendor name and type of alarm _____

If the house is over 25 years old, provide the following information about any updates:

Plumbing: Date: _____ Work Done: _____

Roof: Date: _____ Work Done: _____

Electrical: Date: _____ Work Done: _____

Does house run on 200 amps or more? Yes / No Construction Type: (Circle) Frame Brick Brick-Veneer Concrete

Have you been non-renewed and/or has your homeowner's policy canceled for any reason in the last 5 years? Yes / No

If yes, please provide details on when and why: _____

Losses? Yes / No Date of Loss: _____ Details _____

Return form by fax: (206) 682-4993 or by email to sforster@siginsures.com