



PROPERTY INSURANCE QUESTIONNAIRE

General Information:

Date: _____

Name: _____

Date of Birth: _____

Mailing Address: _____

Home Phone: _____ Work: _____ Cell: _____ Fax: _____

Additional Insured's on Policy: _____

Date of Birth: _____

Email Address: _____

Employer: _____ Occupation: _____ # Of Years: _____

Marital Status: M or S Any Business or Farm on Premises: _____

Mortgagee: _____

Length of Time Owned Current Home in Years: _____

New Property Information:

List Price \$: _____; Purchase Price \$: _____; Realtor: _____

Possession Date: _____

Insurance History:

Present Insurer: _____ Policy #: _____ Expiry Date: _____

Number of Years Continuously Insured: _____

Ever Cancelled for Non-Payment?: Y or N When? _____

Why? _____

DATE OF LOSS	DETAILS OF LOSS	PAYOUT

Present Automobile Insurer: _____ Expiry Date: _____

Present Coverage's:

Buildings: _____ **Outbuildings:** _____ **Contents:** _____

Present Liability Limit: _____ **Present Premium:** _____

Deductible: _____ **Form of Coverage:** _____ **Sewer Backup Limit:** _____

ANY ADDITIONAL ITEMS THAT MAY REQUIRE COVERAGES
(such as boats/motors, jewelry, fine arts, by-law, special contents/collections etc.)

Home Insurance Worksheet

Legal Address (If different than above): _____

Fire Protection:

Hydrant (within 300 meters of home): _____ **Y or N**

Number of Kilometers to nearest Fire hall: _____ **Year Round Road Access: Y or N**

Year Home Built: _____ **Total Area:** _____ **sq ft**

Type of Exterior Finish (% of each i.e. stucco, siding, etc.): _____

Number of Families living in home: _____ **Number of Stories:** _____

Please Circle if home is: _____ **Tri-level** _____ **Bi-level** _____ **Duplex** _____ **Triplex**

Please Circle if Ceilings & walls are: Drywall or Plaster **Type of finish (paint/wallpaper):** _____

Cathedral Ceiling: Y or N, Percentage if Yes _____%

Type of Floor Covering (% of each i.e. hardwood, vinyl, etc): _____

Please Circle type of Central Air exchange: Existing Ducts or Separate Ducts **Central Vac: Y or N**

Fireplace: Wood or Gas or Electric **Burglar and/or Fire Alarm Y or N; Monitored by:** _____

Number of Bathrooms: _____ **Full** _____ **Half** _____ **Finished Attic: Y or N**

Please list type and number of Windows: Picture _____ **Bay** _____ **Bow** _____ **Atrium** _____ **Stained Glass** _____

Does your home have any Specialty Doors and quantity (i.e. French or sliding): _____

Basement

Do you have a Basement: Y or N If NO Basement, what is below home: _____
Sq ft. of basement: _____ Foundation: Wood or Cement
Finished Basement living space: _____% Walkout Basement Y or N

Porches, Decking and Balcony's:

Porch on home: Y or N # sq. ft _____
Porch Screened/Open or Closed Concept: _____
Deck on home: Y or N Sq Ft: _____ Any Balconies on Home: Y or N Sq. ft: _____

Garage:

Number of car garage or carport: _____
Please Circle Type: Attached Detached Built-in
Room above garage or carport: Y or N

Extra's on Home:

Solarium or Sunroom: Y or N Sq Ft: _____
Breezeway: Y or N Sq. Ft: _____ Opened or Closed: _____
Swimming Pool: Y or N Sq. Ft: _____ Type: _____
Addition on Home: Y or N Sq. Ft: _____ Year Built: _____ Basement: Y or N

Multi-Family Homes Do you have (please circle ones that apply):

Extra Kitchen Separate Heating Unit Separate Electrical

Please List All Outbuildings, including docks and the value of each:

UP DATES:

Plumbing: ___ Full ___ Partial ___ Year Roofing: ___ Full ___ Partial ___ Year Type: _____

Heating:

Primary Heating: _____ Heating: ___ Full ___ Partial ___ Year
Auxiliary Heating: _____ ULC Approved: Y or N Year Last updated: _____

Wiring:

Wiring: Full or Partial Year _____ Type of wiring: _____
Number of Amps: _____ Breakers or Fuses: _____

Oil Tank:

Inside or Outside: _____ Age: _____ Above Ground or In ground: _____

Roof:

Type: _____ Year last updated: _____

Property:

Access: Flat easy access _____ Island access _____ Isolated rural _____ Other _____
Special Conditions: Irregular Shape _____ Elaborate Roof: _____ 2x6 construction _____

Please list all other custom items here:

Do you qualify for Discounts on?

- Mature- DOB ___/___/___
- Mortgage Free
- Non-Smoker
- Claims Free
- Burglar or Fire Alarm
- Multi-Policy
- Renewal
- New Home

Built In Features at home (Not Removable)

- | | |
|----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Skylights-Small or Large | <input type="checkbox"/> Solar Panels |
| <input type="checkbox"/> Air/Heat Exchanger | <input type="checkbox"/> Counter Top Range |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Chair Lift |
| <input type="checkbox"/> Whole House Fan | <input type="checkbox"/> Garage Door Opener |
| <input type="checkbox"/> Hot Tub (not jetted) | <input type="checkbox"/> Jetted Hot Tub |
| <input type="checkbox"/> Jetted Tub | <input type="checkbox"/> Intercom System |
| <input type="checkbox"/> Indoor Sprinkler System | <input type="checkbox"/> Wet Bar |
| <input type="checkbox"/> Sump Pump | <input type="checkbox"/> Sauna – Sq Ft: _____ |
| <input type="checkbox"/> Water Purification System | |
| <input type="checkbox"/> Smoke Alarms and # _____ | Wired or Battery: _____ |

Thank you for taking the time to complete this worksheet. If you have any questions, please call us at 1.866.418.3672