



Ph: (248)698-7600  
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## HOMEOWNERS INSURANCE QUESTIONNAIRE

Occupation \_\_\_\_\_

First Named Insured: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Spouse/Second Insured: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Move In Date: \_\_\_\_\_

### PRIOR INFORMATION

Prior Address: \_\_\_\_\_  
 Prev Insurance Co: \_\_\_\_\_ # Yrs with Coverage: \_\_\_\_\_ Premium (\$): \_\_\_\_\_  
 # of Claims During the Last Five Years: \_\_\_\_\_ (if more than 0, complete below)

Date of Loss	Cause of Loss	Approx Payout(\$)

### PROPERTY INFORMATION

Property Address: _____		County: _____	
Year Built: _____		Above Grade Square Footage: _____	
No. of Stories: _____		Basement: _____	% Finished: _____
Type of house: _____		Other: _____	
House Construction: _____		Other: _____	
Garage: _____	# Car Spaces: _____	Porch: _____	Total size of Porch(es): _____
Deck: _____	Total size of Deck(s): _____	# Fireplaces: _____	Woodstove: _____
# of Kitchens: _____	Quality: _____	Central A/C: _____	Oil Tank: _____
# Full Baths: _____	Quality: _____	# Half Baths: _____	Quality: _____
Deadbolt: _____	Back Up Generator: _____	Fire Extinguishers: _____	
Water Back-Up Of Sewers & Drains _____		Less than 1,000 feet from fire hydrant? _____	
Other Structures? _____			

Construction	Type/Material	Year of Renovation
ROOF		
HEAT		
ELECTRIC/WIRING		
PLUMBING		

Safety Devices	Local or Centrally Monitored by 3 <sup>rd</sup> Party
FIRE	
BURGLAR	
SPRINKLER	
WATER MONITOR	

**SCHEDULED ARTICLES (\$)**

Jewelry (\$):	Fine Arts (\$):	Computers (\$):
Silverware (\$):	Business Property (\$):	Guns (\$):
Other(s):		

**PROPERTY LIABILITY EXPOSURES**

Pets:	Breed & Bite History?	
In-Home Business:	Employees:	Details:
Pool:	Fenced:	Trampoline:
Other Residences (Own/Rent/Occupy):	Airbnb/VRBO: _____	

**Current Coverages**

Current Homeowner's Coverage A \$: \_\_\_\_\_

Current Deductible: \_\_\_\_\_

Current Liability: \_\_\_\_\_

Current Sewer/Sump Pump Coverage: \_\_\_\_\_

Current Premium: \_\_\_\_\_

Current Pay plan: \_\_\_\_\_

**MORTGAGE/INTERESTED PARTIES**

Mortgage on property?	Loan Number:
Mortgage Company:	
Mortgage Co Address:	

How did you hear about Select Underwriters?

**Any additional details:**

Please forward form to:



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