

# ISU MASSIE & BECK INSURANCE SERVICES

## Property Questionnaire

Named Insured/CoInsured: \_\_\_\_\_ Date of Birth(s): \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_

Name on Grant Deed: \_\_\_\_\_

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

Day Phone : \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Property Address: \_\_\_\_\_

Year Purchased: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Occupancy Type: Primary \_\_\_ Secondary \_\_\_ Tenant \_\_\_ Lease \_\_\_ Short Term (AB&B, VRBO) \_\_\_

Year Built: \_\_\_\_\_ Construction Type: Frame \_\_\_ Brick \_\_\_ Brick Veneer \_\_\_ Concrete \_\_\_

Number of Stories: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Basement? Yes  No  Is it finished? Yes  No  Is it a daylight basement? Yes  No

Garage? Yes  No  Attached or Detached? (Please circle one)

Are there any other structures (ie. workshop / pergola) on the property? Yes  No

If yes, please describe and include estimated cost to rebuild: \_\_\_\_\_

Do you have a pool, hot tub, golf cart or trampoline? Yes  No  If yes, what do you have?: \_\_\_\_\_

Number of fireplaces: \_\_\_\_\_ Number of Chimneys \_\_\_\_\_

Number of Full Baths \_\_\_\_\_ Number of ¾ Baths \_\_\_\_\_ Number of Half Baths \_\_\_\_\_

Central Fire Alarm System? Yes \_\_\_ No \_\_\_ Central Burglar Alarm System? Yes \_\_\_ No \_\_\_

Type of Heating System (Central, Gas, Electric, Oil) \_\_\_\_\_ Last Replaced: \_\_\_\_\_

Type of Roof (Asphalt, Shingle, Tile, etc) \_\_\_\_\_ Last Replaced: \_\_\_\_\_

If house is over 25 years old, when were the following updated?

Electrical \_\_\_\_\_ Date \_\_\_\_\_ Describe what was done \_\_\_\_\_

Plumbing \_\_\_\_\_ Date \_\_\_\_\_ Describe what was done \_\_\_\_\_

Roof \_\_\_\_\_ Date \_\_\_\_\_ Describe what was done \_\_\_\_\_

Heating \_\_\_\_\_ Date \_\_\_\_\_ Describe what was done \_\_\_\_\_

Any dogs on premise? Yes  No  If Yes, what type: \_\_\_\_\_ (please include each type for mixed breeds)

Any bite history? Yes  No

Do you rent a room(s) to someone: Yes  No  If yes, is the room inside the house or separate structure?: \_\_\_\_\_

Do you run a business or conduct any business operations aside from incidentals (ie. checking work email from home) from your residence premises? Yes  No

Do you store any business personal property at your residence premises? Yes  No  If so, how much: \$ \_\_\_\_\_

Do you have any hobbies that generate revenue? Yes  No  If yes, describe: \_\_\_\_\_

Current Property insurance carrier: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you been non-renewed and/or had your Property insurance policy canceled for any reason in the last 5 years? Yes  No

If yes, please provide details on when and why: \_\_\_\_\_

Any losses (Property or Liability ) in the past 5 years? Yes  No  Date of Loss: \_\_\_\_\_

Details: \_\_\_\_\_

**PLEASE PROVIDE A COPY OF CURRENT INSURANCE DECLARATION**