



McPHERSON & NEWLAND INSURANCE

All Forms of Insurance
HOMEOWNERS QUESTIONNAIRE

Name _____
Mailing Address _____
Property Address (If different from above) _____
Prior Address (If less than 3 yrs.) _____
New Purchase Y / N _____ Closing/ Purchase Date _____
Phone No. (H) _____ (C) _____ (W) _____ (E) _____

Structure Information (agent use)

HO3 HO4 HO5 HO6 CD DF

Is there a HOA? Y / N

No. of Units in HOA: _____

Please circle all that apply:

- A. Frame / Masonry
- B. Colonial /Ranch / Cape Cod / Split / Bi-level / Other
- C. Primary / Secondary / Seasonal/Rental
- D. Builder Grade / Standard / Semi-Custom / Custom

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|--|--|
| <p align="center"><u>Interior Information</u></p> <p>Year Built _____</p> <p>Square Footage _____</p> <p>Heat Type _____</p> <p>Oil Tank Location _____</p> <p>Alternate Heating Source Y / N _____</p> <p>No. of Fireplaces _____ Gas / Regular _____</p> <p>No. of Woodstoves _____ Age _____</p> <p>Central Air Y/N _____</p> <p>No. of Bedrooms _____</p> <p>No. of Full Baths _____</p> <p>No. of Half Baths _____</p> <p>No. of Living Rooms _____</p> <p>No. of Dining Rooms _____</p> <p>No. of Kitchens _____ Eat In Y / N _____</p> <p>Smoke Detectors Y / N _____</p> <p>Burglar Alarm: Local / Central / None _____</p> <p>Fire Alarm: Local/ Central / None _____</p> <p>No. Of Stories _____</p> <p>No. Of Families _____</p> <p>No. Of Firewalls _____</p> | <p align="center"><u>Updates</u></p> <p>Roof (Partial / Complete) Year _____</p> <p>Electrical (Partial / Complete) Year _____</p> <p>Plumbing (Partial / Complete) Year _____</p> <p>Heating (Partial / Complete) Year _____</p> <hr/> <p align="center"><u>Foundation</u></p> <p>Basement Y / N _____ Percent Finished _____</p> <p>Sump Pump Y / N _____ Water/Electric _____</p> <p>Crawl Space Y / N _____</p> <p>Slab Y / N _____</p> <hr/> <p align="center"><u>Other</u></p> <p>Garage Y / N _____ Attached / Detached No. of Car _____</p> <p>Pool Y / N _____ In-Ground / Above _____</p> <p>Diving Board Y / N _____</p> <p>Fence Y / N _____</p> <p>Trampoline Y / N _____</p> <p>Deck Y / N _____ Square Footage _____</p> <p>Scheduled Jewelry _____</p> <p>Pets Y / N _____ Type/Breed _____</p> |
|--|--|

Personal Information

1. Name/Relation _____ DOB _____ Occupation _____
 Employer _____

2. Name/Relation _____ DOB _____ Occupation _____
 Employer _____

Current Carrier

Insurer _____ Expiration Date _____ Yrs. With Carrier _____
 Liability _____ Medical _____ Deductible _____ Dwelling Limit _____

Thank You