



NEW ENGLAND INSURANCE SERVICES, INC.

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HOMEOWNER'S QUESTIONNAIRE

Full Name (1): _____ DOB ___/___/___ Address _____

City _____

Full Name (2): _____ DOB ___/___/___ State/Zip: _____

Occupation (1): _____ SS# _____ Phone: _____

Occupation (2): _____ SS# _____ Email: _____

Year Purchased _____ # of Families _____ Owner Occupied? Y N Year Built _____ Sq. Footage _____

Style of Home (circle): Cape, Colonial, Ranch, Raised Ranch, Split Level, Other: _____ Distance to Shore _____

(miles)

Construction Type (circle): Frame, Log, Masonry, Manufactured, Steel/Concrete Finished Basement? Y N

Percentage that is Finished _____

Construction Quality: _____ Type of Siding: Vinyl, Aluminum, Cedar, Clapboard, _____

(standard, customer, luxury, etc.)

(other)

How Many Stories? _____ # of Baths: _____ # of Kitchens: _____ Trampoline? Y N

Pool? Y N In-ground/Above (circle) Slide/Diving Board?: Y N Fenced and locked?: Y N

Flooring Percentage: Hardwood _____ Tile _____ Carpet _____ Laminate _____ Vinyl _____ Other _____

Garage? Y N Number of Cars? _____ Attached? Y N If Detached Garage indicate square footage _____

List any Other Detached Structure(s) on your property? _____ and Square footage _____

Deck? Y N Dimensions: _____x_____ Porch? Y N Open or Enclosed? Dimensions: _____x_____

(circle)

Fire Dept. Paid

Distance to Fire Department (miles): _____ Distance to Hydrant (feet): _____ or Volunteer? _____

List any Fire Protection Systems in the Home (smoke detectors/carbon monoxide detectors) ~ circle please.

Central Alarm System? Y N If you have a central alarm system, we need a copy of the certificate to apply premium credits.

Central Air? Y N Same Ducts as heat? _____

Primary Heat _____ # of Fireplaces _____ Woodstove? Y N # of Chimneys _____ Sump Pump? Y N

(oil, gas, electric, etc.)

If you have an oil tank, is it above or below ground, if oil tank is above ground is it on a cement slab? Y N

(circle one)

Type of Electrical Service: Fuses, Circuit Breakers, Knob and Tube If Circuit Breakers, # of Amps: _____

(circle all that apply)

Updates to Structure since the original date of construction (List year of each update):

Roof: _____ Electrical: _____

Plumbing: _____ Heating: _____

CURRENT POLICY INFORMATION

Current Ins. Carrier: _____ **Expiration Date:** ____/____/____ **Current Premium:** \$ _____

Current Policy #: _____ **Mortgage Name and Address:** _____

Current Coverage:

Dwelling: _____ **Contents:** _____ **Liability:** _____

Medical Payments: _____ **Deductible:** _____

Please list any previous claims: _____

(Please list the loss year, type and amount paid by insurance company)

How do you prefer to be billed? In full, Semi-Annual, Quarterly, Monthly, Escrow? _____

If escrowed by Mortgage Company, please provide the mortgage loan number: _____

1. **Do you have any pets/livestock? If so, please list type, breed, and how many?** _____
2. **Do you have a business on the premises? Please Explain:** _____
3. **Is property currently undergoing renovations or do you have any planned renovations?**

4. **Is the property for sale or do you have plans to put property up for sale?** _____
5. **Has applicant had a foreclosure, repossession or bankruptcy during the past 5 years?** _____
6. **Do you have a boat or any recreational vehicles or trailers?** _____
7. **Is the property in a flood zone?** _____

Additional Coverage Desired (not automatically included with a homeowner's policy):

Please keep in mind that for some items, appraisals may be required. Not all requested coverage may be available.

- | | |
|--|---|
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Additional Structures |
| <input type="checkbox"/> Loss Assessment | <input type="checkbox"/> Additional Residence |
| <input type="checkbox"/> Electrical Apparatus in Vehicle | <input type="checkbox"/> Physical Damage for Watercraft/Trailer |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Water back up of sewers or drains | <input type="checkbox"/> Silverware |
| <input type="checkbox"/> Business property | <input type="checkbox"/> Fine Arts |
| <input type="checkbox"/> Building Ordinance/Law Coverage | <input type="checkbox"/> Antiques |
| <input type="checkbox"/> Employers Liability (residence employees) | <input type="checkbox"/> Coins |
| <input type="checkbox"/> Business Liability | <input type="checkbox"/> Furs |
| <input type="checkbox"/> Watercraft Liability | <input type="checkbox"/> Jewelry |
| <input type="checkbox"/> Farming or Incidental Farming Liability | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Builders Risk (theft of building materials) | |

**Please initial indicating that you are only interested in purchasing coverage for the specific items that you have indicated above and do not want coverage for any other exposure: INITIAL_____*

**Please sign below indicating that you have answered the questionnaire to the best of your ability:*

X_____ X_____ ____/____/____
Insured's Signature Print Name Date

**PLEASE RETURN THIS QUESTIONNAIRE WITH:
A PHOTO OF THE FRONT AND BACK OF YOUR HOME
PHOTOS OF ALL DETACHED STRUCTURES
PHOTOS OF ABOVE OR BELOW GROUND POOLS**