



**Homeowners Questionnaire**

Sub-Producer Info: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicants Name:	DOB:
Home Phone Number:	Effective Date:
Property Address:	City: State: Zip:
Building Limit:	Personal Liability:
Medical Payments:	Personal Property:
Policy Deductible:	Loss of Use:
Other Structures:	Form:
All risk contents/HO-5: Yes No	Protection Class:
Distance to Fire Hydrant:	Distance to Fire Station:
Number of Families:	Construction Type:
Year Built:	Losses in the last 3 years? If yes explain below
Primary Heat Source:	Other Structures:
Fire Alarm/Type:	Burglar Alarm/Type:
Structure Type:	Roof Type:
Usage Type:	Prior Carrier:
Payment Plan: Full Pay 3 Pay	Bill: Applicant Agent Mortgagee
Mortgagee:	Loan #
Address:	City: State: Zip:

**California General Information:**

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|--|---|---|
| 1) Is any Business Conducted on premises (except permitted incidental occupancies)?  | Y | N |
| 2) Is this a mobile home or trailer?   | Y | N |
| 3) Is this a modular home not on a permanent foundation?   | Y | N |
| 4) Has the risk been cancelled, declined or non-renewed for underwriting reasons?  | Y | N |
| 5) Are there any animals that could be considered vicious?   | Y | N |
| 6) Is there a Kerosene heater? (wood burning stoves must be professionally installed to conform to all applicable building and fire codes).                    | Y | N |
| 7) Is this a frame row dwelling built before 1980?   | Y | N |
| 8) Has this dwelling been previously insured through the FAIR plan?  | Y | N |
| 9) Is dwelling located under 300 feet from a brush fire area?  | Y | N |
| 10) Is wood roof located less than 3 miles from a brush fire area?   | Y | N |
| 11) Is dwelling located under 1,000 ft. from open tidal water?   | Y | N |
| 12) Is dwelling situated on an over 30 degree slope?   | Y | N |
| 13) Is building undergoing renovation or reconstruction?   | Y | N |
| 14) Is there a trampoline of the premise?  | Y | N |
| 15) If this a new purchase, will the insured be moving in MORE than 30 days after the effective date? If yes please provide the anticipate move in date: _____ | Y | N |

Please explain all yes answers to the questionnaire in the space below:

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