

Home insurance questionnaire

Home address: _____

Year built		Heritage property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction type	<input type="checkbox"/> Wood frame <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Others:			
Foundation	<input type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Others:			
Main living area size		Fireplace	<input type="checkbox"/> Gas	<input type="checkbox"/> Wood <input type="checkbox"/> No fireplace
Number of floors		Number of bathrooms		
House is equipped with intrusion alarm system?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Basement

Size		Walkout basement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Finished basement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Window wells around basement windows?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Roof

Roof type	<input type="checkbox"/> Asphalt shingle <input type="checkbox"/> Wood shingle <input type="checkbox"/> Composite shingle <input type="checkbox"/> Clay tile <input type="checkbox"/> Concrete tile <input type="checkbox"/> Stone tile <input type="checkbox"/> Metal tile <input type="checkbox"/> Rubber membrane <input type="checkbox"/> Tar & gravel <input type="checkbox"/> Green roof <input type="checkbox"/> Others:				
Last replaced year		Has there been any water damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Electrical

Wiring type	<input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Knob and tube <input type="checkbox"/> Others:				
Electrical panel	<input type="checkbox"/> Circuit breaker	<input type="checkbox"/> Fuses	At least 100 AMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Plumbing

Plumbing type	<input type="checkbox"/> Copper <input type="checkbox"/> PEX <input type="checkbox"/> KITEC <input type="checkbox"/> Poly-B <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Others:				
Water heater	<input type="checkbox"/> Tank	<input type="checkbox"/> Tankless	Water tank age (if applicable)		
Sump pump?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Backwater valve installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	