

**LANDLORD/DWELLING FIRE QUESTIONNAIRE FOR DWELLINGS**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Producer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Producer Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 # of Years known applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insured/Co-Applicant Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Insured Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Co-Applicant Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Insured SS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Co-Applicant SS #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Insured Occupation(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Co-Applicant Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Highest Education (circle): High School / Associates Degree / Bachelor’s Degree / Law or Medical Degree

Property Location Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many total rental units does insured own?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Property is currently: occupied by tenant \_\_\_\_\_\_\_\_\_ vacant\_\_\_\_\_\_\_\_\_ or partially occupied (explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to be quoted on Dwelling:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (100% Replacement Cost or ACV)
Personal Property of the Landlord (appliances, furniture, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Liability Limit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Payments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deductible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Annual Rents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Water Back-up Limit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (not available with all carriers)

Sump Pump? \_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No Back-up sump pump system available? \_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No
Identify back-up system: (circle one) Gas Powered / Water Powered / Battery Powered/ Whole House Generator

Year Built: \_\_\_\_\_\_\_\_\_\_\_\_ Purchase Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Purchase Price: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Square Footage: \_\_\_\_\_\_\_\_\_\_\_\_\_
Architecture Style: (Circle) Ranch/Split Level/Colonial/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Stories: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
# of Bath Rooms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Garage:(Circle) Attached/Detached Garage Size: (Circle) 1car/2car/3car
Deck:\_\_\_\_\_\_\_\_\_\_\_\_ sq ft. Porch (open/enclosed/screened): \_\_\_\_\_\_\_\_\_\_\_\_sq ft.

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**Number of Families**: One / Two / Three / Four
**Exterior Construction:** Frame / Aluminum/Vinyl Siding / Masonry / Masonry Veneer / Stucco
**Foundation Type:** Slab / Crawlspace / Basement (unfinished) / Basement (finished)
**Roof Type:** Asphalt Shingle / Architectural Shingle / Tile or Slate / Wood Shingle / Tar & Gravel
**Heat Type:** Gas / Radiator / Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Additional Features:** Central HVAC / Wood Stove / Fireplace #\_\_\_\_\_\_\_\_ Hot Tub / Trampoline: Open / Enclosed
Fenced Yard: Height of fence \_\_\_\_\_\_\_\_\_ ft. / Swimming Pool: Above ground / In ground / Slide / Diving Board
# of dogs on premises \_\_\_\_\_\_\_\_\_\_\_\_\_ Breed of each dog:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the Home have (Circle):**Monitored Fire/Burglar Alarm (must provide alarm certificate)
Smoke Detectors Fire Extinguisher(s) Dead bolt

**IF HOME IS MORE THAN 15 YEARS, YOU MUST PROVIDE YEAR THE UTILITIES WERE UPDATED:**

Furnace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Electrical \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plumbing \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roof \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circuit Breakers or Fuses (circle one)

Any Homeowner claims in past 5 years? Yes / No
If yes, provide details (date/type of loss/amount paid):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current Mortgage Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Years w/carrier: \_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Premium: \_\_\_\_\_\_\_\_\_\_\_\_\_

Has coverage been cancelled or non-renewed in last 3 years? Yes / No

If yes, provide reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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