



Homeowners Insurance Questionnaire

This questionnaire will assist us in determining the replacement cost of your home. Please answer all of the questions with the information requested to best help us arrive at an accurate dwelling coverage limit.

Upon completion of this questionnaire, please send it to us so that we can provide you with a homeowners insurance quote or update your current policy as appropriate.

Please feel free to drop off the completed questionnaire or mail it to us at:

**145 N Main Street
PO Box 7
Monticello, WI 53570**

Or you can fax it to us at:
(608) 938-1088

Or you can email it to us at:
Info@Tri-Insure.com

If you have any questions or if you need any assistance, please call us at:

(608) 938-4317 or
(877) 938-4317 toll-free

APPLICANT(S) INFORMATION

Applicant #1

Name:

Mailing Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Social Security #

Date of Birth:

Applicant #2

Name:

Mailing Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Social Security #

Date of Birth:

PROPERTY LOCATION (if different than above)

Address:

City:

State:

Zip:

EMPLOYER INFORMATION

Applicant #1

Employer's Name:

Address:

Number of Years Employed:

Applicant #2

Employer's Name:

Address:

Number of Years Employed:

Are there any business pursuits on premises (i.e. daycare, farming, sales such as Pampered Chef, Avon, etc.)? Yes No

If "yes", please describe:

DWELLING INFORMATION

Style of Home

- | | | |
|---------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> 1 Story | <input type="radio"/> 1 Family | <input type="radio"/> Ranch |
| <input type="radio"/> 1.5 Story | <input type="radio"/> 2 Family | <input type="radio"/> Split Level |
| <input type="radio"/> 2 Story | <input type="radio"/> 3 Family | <input type="radio"/> Cape |
| <input type="radio"/> 2.5 Story | <input type="radio"/> Other _____ | <input type="radio"/> Other _____ |

What year was the home built? _____

What is the total square footage of the finished living area of your home? _____
(Do not include basement or attached garage.)

Does your home have a deck? Yes No
If "yes," square footage? _____

Does your home have Cathedral Ceilings? Yes No
If "yes," what % of home? _____

Does your home have a Breezeway? Yes No
If "yes," if your Breezeway: Enclosed Screened Open
If "yes," square footage? _____

Does your home have a Porch? Yes No
If "yes," is your Porch: Enclosed Screened Open
If "yes," square footage? _____

Does your home have a Garage? Yes No
If "yes," is your Garage: Attached Built-in Detached Carport
If "yes," how many vehicles can be parked in it? _____

Which of the following features are in your home? Please indicate the number of each:

- | | | |
|--------------------------------------------|-----------------------------------------------------|------------------------------------------------------------|
| <input type="radio"/> Skylights _____ | <input type="radio"/> Glass Sliding Door _____ | <input type="radio"/> Bow Windows _____ |
| <input type="radio"/> Bay Windows _____ | <input type="radio"/> Hot Tub _____ | <input type="radio"/> Greenhouse (square
footage) _____ |
| <input type="radio"/> Wood Stove _____ | <input type="radio"/> Atrium Windows _____ | |
| <input type="radio"/> Wet Bar _____ | <input type="radio"/> Atrium/French Door _____ | |
| <input type="radio"/> Picture Window _____ | <input type="radio"/> Exterior Storm Shutters _____ | |

Does your home have a Basement? Yes No
If "yes," what percent is finished? _____

If your home does not have a full basement, what percentage is slab? _____
 Crawl Space Stilts

Is there a Shed or Other Structure (outbuilding) on the property? Yes No
If "yes," please describe use and size (square footage): _____

Is there a Swimming Pool on the property? Yes No
If "yes," is your Pool:
 Inground Above Ground
 Fenced Locked
 Slide Diving Board
Size of Pool: _____

Is there a trampoline on the premises? Yes No
If "yes," is there an enclosure around it? Yes No

DWELLING INFORMATION (continued)

Does the Applicant own any animals? Yes No

Please list number, type and breed: _____

Is there any history of aggression? Yes No

How many Kitchens are in your home? _____

Please indicate if your kitchen(s) have the following features:

- Jenn-Aire Stove
- Motorized Pantry
- Walk-In Freezer
- Corian, Granite or Authentic Marble Countertop
- Indoor BBQ
- Sub-Zero Refrigerators
- Center Island

How many Bathrooms are in your home?

Full (3 or more fixtures with tub) _____ Standard _____ Custom _____ Designer

¾ (sink, toilet, stand-up shower) _____ Standard _____ Custom _____ Designer

½ (sink and toilet only) _____ Standard _____ Custom _____ Designer

What is the home's primary source of heat?

- Gas
- Oil
- Electric
- Other

If your house is heated with oil, where is the oil tank located? _____

How old is the heating system? _____

When was the heating system last serviced? _____

Electrical Service:

- Fuses
- Breaker Switches
- Amp Rating: _____

Does your house have a secondary source of heat? Yes No

If "yes," please describe: _____

Does your house have central air conditioning? Yes No

If "yes," does it share ducts with your heating system? Yes No

Does your home have a central vacuum system? Yes No

What is the age and type of the roof on your house? _____

What is the age of the plumbing in your house? _____

What is the age of the electrical service in your house? _____

Is water in your basement (sewer/drain backup) a concern to you? Yes No

Please note: Standard homeowners insurance does NOT cover flood damage. Please contact us for a separate quote for flood insurance if you are concerned about this risk.

Please indicate which of the following protective devices you use in your home:

- Smoke Detector(s)
- Fire Extinguisher(s)
- Fire Alarm (local)
- Fire Alarm (central)
- Sprinkler System
- Deadbolt Locks
- Burglar Alarm (local)
- Burglar Alarm (central)
- Carbon Monoxide Detector(s)
- Other _____

Is your home located:

- Within village/city limits
- Within protected suburb
- Within fire district

If outside village/city limits, home is visible from how many neighboring dwellings? _____

Distance from nearest fire hydrant: _____ Distance from fire station: _____

DWELLING INFORMATION (continued)

Which materials below best describe the materials found in your home? Please indicate your answers as percentages of total (5%, 10%, 25%, etc.). If your home contains materials not found on this list, please select a similar material from the list and use the blanks provided for additional explanation, if necessary. Each category should total 100%.

EXTERIOR WALLS		INTERIOR WALLS		ROOF COVER		FLOOR	
Aluminum Siding	%	Drywall	%	Asphalt	%	Brick	%
Brick on Frame	%	Plaster	%	Clay Tile	%	Carpet, Acrylic	%
Brick (solid)	%	Studs Only	%	Metal	%	Carpet, Berber	%
Clapboard	%			Rubber	%	Carpet, Wool	%
Log	%	WALL FINISHES		Slate	%	Ceramic Tile	%
Masonry	%	Brick	%	Tar & Gravel	%	Hardwood	%
Stone Veneer	%	Ceramic Tile	%	Wood Shakes	%	Marble Tile	%
Stone (solid)	%	Faux Finish	%			Parquet	%
Stucco	%	Marble	%	CEILING		Slate	%
Vinyl Siding	%	Paint	%	Acoustic Tile	%	Veneer	%
Wood Siding	%	Paneling	%	Drywall	%	Vinyl	%
Wood Shakes	%	Stone	%	Plaster	%	Wood Laminate	%
		Wallpaper	%	Wood	%		

PERSONAL PROPERTY

Do you have or are you in need of scheduled item coverage for any of the following:

- Antiques
- Paintings
- Jewelry, Furs, or Watches
- Fine Arts
- Personal Computer
- Silverware, Goldware, or Pewter
- Collectables
- Electronics
- Guns

Other valuable Personal Property: _____

PROPERTY INFORMATION

Have you had any coverage declined, cancelled or non-renewed during the last 3 years? Yes No

Have you had a foreclosure, repossession or bankruptcy during the last 5 years? Yes No

Have you had any claims/losses in the last 3 years? Yes No

If "yes," please describe, include amount paid? _____

Do you have any unrepaired damage to your property? Yes No

Is the property located within 2 miles of tidal water? Yes No

Is the property situated on more than 5 acres? Yes No

If "yes," total number of acres and usage? _____

Is the house in a flood zone? Yes No

Are you part of a homeowners association? Yes No

Has the ownership of the home been transferred to a trust? Yes No

Do you have a mortgage? Yes No

If "yes," is your homeowners premium escrow-billed? Yes No

1st Mortgagee (name/address): _____

2nd Mortgagee (if any): _____

ADDITIONAL INFORMATION:

How did you hear about our agency?

- Word of Mouth
- Referral
- Advertising/Web Site
- Other

We offer a full line of insurance products. Are you interested in talking to us about any of the following?

- Auto Insurance
- Life Insurance
- Business Insurance
- Flood Insurance
- Personal Umbrella
- Commercial Umbrella
- Other _____

Signature: _____ Date: _____