

HOMEOWNERS INSURANCE QUESTIONNAIRE

Please write clearly and fax, mail or email to our office when completed. Thank you.

Kosich Insurance Agency Inc
 3435 Mt. Diablo Blvd Ste 300 Lafayette CA 94549
 tel. 925-284-3911 ; fax 925-284-3919; CA License #0802662

Full Name:	Home Phone:
Address to be Insured:	Work Phone:
	Mobile Phone:
Mailing Address:	Email Address:
	Occupation:
Date of Birth:	
Current Home Insurance Company:	Renewal/Effective Date:

Other Household Members Names	Relationship	Date of Birth	Gender	Occupation	

Property Information:

_____ Single family home _____ Duplex _____ Triplex _____ Fourplex

Year Built: _____ Square Feet: _____ Number of Stories: _____ Purchase Date: _____

Dwelling Usage (Primary, Secondary/Vacation): _____

Is there a swimming pool on the premises? Y or N _____ If yes, is the pool fenced? Y or N _____

Are there dogs on the premises? Y or N _____ If yes, how many? _____ Breeds? _____

Feet from hydrant: _____ Distance from Fire Station: _____

Wiring Type: [] Circuit Breakers [] Fuses [] Knob & Tube _____%

*If circuit breakers are they any of the following: Stab-Lok, Zinsco, or Fedral Pacific Y or N _____

Roof Type: [] Composition Shingle [] Tile [] Wood Shake [] Tar & Gravel [] Metal [] Other _____

Solar Panels: Y or N _____ If yes, How many? _____ Are they [] Owned or Leased

Heating Type (Gas, Electric, Other) _____ If other, please specify: _____

Wood Stove Y or N _____ If yes, is it cleaned annually by licensed professional? Y or N _____

Foundation: Slab _____ or Crawl space _____

All Carriers require the last year renovations to plumbing, heating, and/or electrical, please last provide year completed:

Plumbing _____ Heating _____ Electrical _____ Roof _____

Additional Questions Insurers Ask:

- A. Any Smokers in household? Y or N _____
- B. Earthquake Retrofitted?
- C. Dead Bolt Locks on ALL doors leading to Exterior? Y or N _____
- D. Fire Extinguisher? Y or N _____
- E. Smoke Detectors (**Alarms**) Y or N _____
- F. Burglar Alarm? Y or N _____, Central Monitoring? Y or N _____
- G. Does house have a seismic/automatic gas/propane shutoff valve? Y or N _____
- H. Visible to Neighbor? Y or N _____
- I. Gated community? Y or N _____
- J. Gated community 24 hour patrol service? Y or N _____
- K. Interior Fire Sprinklers Y or N _____
if yes, in all rooms including baths & closets? Y or N _____

Claims

Any claims in the last 5 years? Y or N _____

If yes, please outline briefly the date of the loss, the type of loss and the amount of payout for each loss.

Current Insurance Coverage Amounts:

Coverage A (Dwelling): \$ _____

Personal Property Value: \$ _____

Personal Liability Coverage: \$ _____

Deductibles you would like quoted: \$ _____ \$ _____ \$ _____

Is the home title in a trust? Y or N _____

If yes, what is the trust verbiage _____

Is there a mortgage? Y or N _____

If yes, what is the full name, clause & loan number _____
