HOMEOWNERS INSURANCE QUESTIONNAIRE

Kosich Insurance Agency, Inc. • CA Lic #0802662
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Applicant Name:	Co-Applicant Name:
Email:	Email:
Phone Number:	Phone Number:
Date of Birth:	Date of Birth:
Occupation:	Occupation:
**if retired, include occupation prior to retirement*	
Current Carrier:	Expiration Date:

Please provide all the requested information. Photos are appreciated if you are unsure.

Property Address: _____

Mailing or Current Residence Address (if different): _____

Year Built: _____ Square Footage: _____ Purchase Date: _____ Stories: _____

Usage (primary, secondary, long-term rental, short-term rental, etc.): _____ Acreage: _____

Foundation Type: ☐ Slab | ☐ Crawlspace | ☐ Basement | ☐ Post & Pier | Retrofitted for earthquake? (Y/N): _____

Siding Type: ☐ Stucco | ☐ Wood | ☐ Cement Fiber | ☐ Other: _____ | Number of Units: _____

Breed(s) of pet(s) *(if mixed, please specify)*: _____

Any business conducted from home? Explain: _____

Describe any detached structures: _____

Trampoline (Y/N): _____ Pool: ☐ In-ground | ☐ Above ground | Diving Board (Y/N): _____ Slide (Y/N): _____

Feet from hydrant: _____ Auto gas shut-off valve (Y/N): _____ Auto water shut-off valve (Y/N): _____

Distance to nearest fire station: _____ Gated Community (Y/N): _____ 24hr Guard (Y/N): _____

Centrally monitored fire alarm (Y/N): _____ Centrally monitored burglar alarm (Y/N): _____

Interior fire sprinklers (Y/N): _____ If yes, in all rooms including bathrooms and closets (Y/N): _____

Wiring Last Year Updated: _____ Type: ☐ Circuit Breakers | ☐ Fuses | ☐ Knob & Tube/Aluminum Wiring |

Any Stab-Lok, Zinsco, Sylvania, Challenger, or Federal Pacific circuit breaker boxes (Y/N): _____

Plumbing Last Year Updated: _____ Type: ☐ Copper | ☐ Galvanized Steel | ☐ PVC | ☐ PEX | ☐ ABS | ☐ Cast Iron |

Heating Last Year Updated: _____ Type: ☐ Central Furnace | ☐ Radiant Floor | ☐ Wall Heater | ☐ Space Heater |

Source: ☐ Electric | ☐ Gas | ☐ Propane | ☐ Kerosene | Wood Stove (Y/N): _____ Number of Fireplaces: _____

Roof Last Year Replaced: _____ Number of Solar Panels: _____ Owned or Leased: _____

Type: ☐ Composition Shingle | ☐ Tile | ☐ Tar & Gravel | ☐ Metal | ☐ Rubber | ☐ Other: _____ |

If home is in a trust, provide name of trust: _____

Mortgagee name and address: _____

Loan Number: _____ Does the mortgagee pay the insurance premium? (Y/N): _____

Provide date, payout, and details for any claims in the last 5 years at any owned property:

_____

_____

_____

Submit