



# HOME INSURANCE QUESTIONNAIRE

## GENERAL INFORMATION

Name : \_\_\_\_\_ Date of birth : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Telephone : Home \_\_\_\_\_ Work = \_\_\_\_\_ Cel = \_\_\_\_\_  
 E-mail : \_\_\_\_\_  
 Profession \_\_\_\_\_ Employer \_\_\_\_\_  
 Mortgage \_\_\_\_\_

(IF BUILDING IS MORE THAN 20 YEARS OLD, COMPLETE RENOVATION SECTION ON PAGE 2)

PRINCIPAL HOUSE \_\_\_\_\_ Year built \_\_\_\_\_

EXTENSION \_\_\_\_\_ Year built \_\_\_\_\_ Dimensions : \_\_\_\_\_

1. DIMENSIONS	FRONTAGE : _____ FT		DEPTH : _____ FT	
2. DISTANCE FROM :	FIREMAN'S HALL : _____ FT		FIRE HYDRANT : _____ M/KM	
BUNGALOW <input type="checkbox"/> COTTAGE <input type="checkbox"/>	SPLIT <input type="checkbox"/> DUPLEX <input type="checkbox"/> TRIPLEX <input type="checkbox"/>		NUMBER OF FLOORS :	NUMBER APTS :
3. BUILDING IS :	DETACHED <input type="checkbox"/>	SEMI-DETACHED <input type="checkbox"/>	ATTACHED <input type="checkbox"/>	
4. EXTERIOR IS (%) :	BRICK <input type="checkbox"/>	ALUMINIUM <input type="checkbox"/>	AGGREGATE OR STUCCO <input type="checkbox"/>	OTHER <input type="checkbox"/>
5. ROOF IS :	TAR SHINGLES <input type="checkbox"/>	CLAY TILES <input type="checkbox"/>	TAR & GRAVEL <input type="checkbox"/>	OTHER <input type="checkbox"/>
6. INTERIOR WALL HEIGHT?	8 FEET <input type="checkbox"/>	9 FEET <input type="checkbox"/>	10 FEET <input type="checkbox"/>	OTHER : _____
7. HOW MANY FULL WASHROOMS? _____	WHIRLPOOL BATH <input type="checkbox"/>		TOILET AND SINK ONLY: _____	
8. HEATING IS:	BASEBOARD <input type="checkbox"/> ELECTRIC <input type="checkbox"/>	CENTRAL HOT WATER <input type="checkbox"/> FORCED AIR <input type="checkbox"/>	OIL <input type="checkbox"/> GAZ <input type="checkbox"/>	HEAT-PUMP <input type="checkbox"/>
9. OIL TANK ?	YES <input type="checkbox"/> NO <input type="checkbox"/>	AGE _____	INTERIOR <input type="checkbox"/>	EXTERIOR <input type="checkbox"/> UNDERGROUND <input type="checkbox"/>
10. FIREPLACE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	WOOD <input type="checkbox"/> PROPANE <input type="checkbox"/> NATURAL GAS <input type="checkbox"/>	INTERIOR CHIMNEY <input type="checkbox"/>	EXTERIOR CHIMNEY <input type="checkbox"/>
11. WOOD STOVE OR SLOW COMBUSTION STOVE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	FRANKLIN STYLE <input type="checkbox"/> BUILT-IN <input type="checkbox"/>	CHIMNEY <input type="checkbox"/>	HOW MANY CORDS OF WOOD /YEAR _____
12. CENTRAL AIR-CONDITIONING	YES <input type="checkbox"/> NO <input type="checkbox"/>	OR WALL AIR-CONDITIONING No <input type="checkbox"/> Yes <input type="checkbox"/>		
13. BASEMENT FINISHED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	SURFACE AREA :		
14. OUTDOOR BASEMENT EXIT?	YES <input type="checkbox"/> NO <input type="checkbox"/>			
15. VERANDA, PATIO OR TERRACE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	SURFACE AREA AND TYPE: OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/>		
16. BACKYARD SHED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	CONSTRUCTION :		
17. SOLARIUM?	YES <input type="checkbox"/> NO <input type="checkbox"/>	SURFACE AREA:		
18. GARAGE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, for _____ car(s)		
	STREET LEVEL <input type="checkbox"/>	BASEMENT LEVEL <input type="checkbox"/>	ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/>	CAR-PORT <input type="checkbox"/>
19. SWIMMING POOL/SPA/SAUNA ?	YES <input type="checkbox"/> NO <input type="checkbox"/>	ABOVE-GROUND <input type="checkbox"/>	DATE OF PURCHASE :	
		IN-GROUND <input type="checkbox"/>	SIZE AND MATERIAL :	

<b>20. BURGLAR AND/OR FIRE ALARM SYSTEM?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LOCAL <input type="checkbox"/>	CONNECTED TO CENTRAL <input type="checkbox"/>	NAME :
<b>21. BOAT OR MOTOR?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DESCRIBE :		
<b>22. BUSINESS OR OFFICE USE?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DESCRIBE :		
<b>23. BABYSITTING OR CHILD CARE?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOW MANY :		
<b>24. HAVE A DOG?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WHAT KIND :		

**VARIOUS INSTALLATIONS (√)**

SMOKE DETECTOR <input type="checkbox"/>	SILVERWARE-GOLDWARE <input type="checkbox"/>	CARDS COLLECTION <input type="checkbox"/>	CDs ET DVDs <input type="checkbox"/>	WINE CELLAR <input type="checkbox"/>
HEAT AIR EXCHANGE <input type="checkbox"/>	FURS <input type="checkbox"/>	MONEY COLLECTION <input type="checkbox"/>	HIGH VALUE BICYCLES <input type="checkbox"/>	<input type="checkbox"/>
ELECTRONIC AIR FILTER <input type="checkbox"/>	JEWELLERY <input type="checkbox"/>	STAMPS COLLECTION <input type="checkbox"/>	BUSINESS GOODS <input type="checkbox"/>	PORTABLE FIRE EXTINGUISHER <input type="checkbox"/>
ART OBJECTS-STATUES-PAINTINGS-CARPETS <input type="checkbox"/>	WATER BED / AQUARIUM <input type="checkbox"/>			

**IF BUILDING IS MORE THAN 20 YEARS OLD, RENOVATIONS MADE TO YOUR HOUSE:**

<b>HEATING?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WHEN?	<b>NON SMOKER</b> <input type="checkbox"/>	<b>SMOKER</b> <input type="checkbox"/>
<b>ELECTRICITY?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WHEN?	<b>YEAR HOT WATER TANK</b>	
<b>PLUMBING?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WHEN?	<b>SEWER BACKUP VALVE</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>ROOF?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WHEN?	<b>SUMP PUMP</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>DOORS AND WINDOWS?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WHEN?	<b>CREDIT RATING</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>BALCONY?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WHEN?	<b>CRIMINAL RECORD</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>OTHER - DESCRIBE</b>					

**MORTGAGE =** \_\_\_\_\_ **PRICE PAID =** \_\_\_\_\_ **PURCHASE DATE -** \_\_\_\_\_

☺ Thank you for your collaboration. 121213

**Previous insurance co.:** \_\_\_\_\_ **#policy** \_\_\_\_\_

**Claim since 5 years:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Insured's signature**

\_\_\_\_\_  
**Date**