

HOMEOWNERS INSURANCE QUESTIONNAIRE

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

Finestone Insurance - Paul J. Finestone
 15335 Morrison Street, Suite 367 Sherman Oaks, CA 91403
 tel. 747-233-4807; fax 747-233-4803; CA License #0748510
 Date Completed _____

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

Other Household Members Names	Relationship	Date of Birth	Gender	Occupation	Social Security #

Has property insurance been cancelled, declined or non-renewed in the last 5 years? Y or N _____

Townhouse or Condo? Y or N _____ if yes, select one: townhouse condo

Is it a center unit or end unit? _____ Does your homeowners association (HOA) cover/insure the structure? Y or N _____ How many units attached in the same building: _____

Select one: _____ Single family home _____ Duplex _____ Triplex _____ Fourplex

Dwelling Usage (Primary, Secondary/Vacation, Rental): _____

Is the home under construction? Y or N _____

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? _____

Select one: Inside city limits _____ Outside city limits _____

Feet from hydrant: _____ Distance from Fire Station: _____

Distance to Brush: _____ Distance to Tidal Water: _____

Exterior Walls: _____

Roof Type: _____ (If tile, Spanish, or concrete) _____ Roof Age (in years): _____

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

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

Foundation: Slab or Crawl space _____ Home Bolted to the foundation? Y or N _____

If renovations to plumbing, heating, and/or electrical, please provide year renovation(s) were completed:

Plumbing _____ Heating _____ Electrical _____

Discount Questions:

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

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 (vandalism, theft, etc) and the amount of payout for each loss.

Coverage Amounts

Home Reconstruction Cost (Insured Value): \$ _____

Personal Property Value: \$ _____

Personal Liability Coverage: \$ _____

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