

HENDERSON INSURANCE SERVICES

www.brokerswhocare.com

HOMEOWNERS INSURANCE QUESTIONNAIRE



Today's Date: _____

DOB: _____

Insured's name _____

Property address _____

City, state, zip _____

Employed: "*****" Employer: _____ Type of Business: _____

Limits desired: Dwelling _____ Other Structures _____ Liability _____ Other _____

Day phone _____ Evening Phone _____ Cell _____

Email address _____

Would you like a quote for Earthquake Insurance? _____

How many stories? _____

Structure Type: Apartment Condo Townhouse Primary Residence Secondary Residence
 Other, please specify _____

Square Footage of your Home: _____ Car Garages: Detached Attached

Type of Roof: Slate Metal Wood Shake Flat Tar & Gravel
 Flat Membrane Flat Composite Tile

Heating and Air Conditioning: Central Room Electrical System: Circuit Breakers Fuses

Distance to Hydrant: _____ Distance to Fire Station: _____

Type of Foundation: _____ Year Purchased: _____

Domestic Worker in the home 20 hours a week or more.

Have you had any losses?

If yes, please specify what type of loss the date of the loss or losses and the amount paid out for each loss:

BUSINESS ACTIVITIES

Is there any business activities operated out of your home?

If yes, please describe.

Babysitting or child care

Hair or nail salon

Piano Lessons

Home-based office for _____

Produce stand or garage/ yard sales

Other: _____

Comments or details on home- based business activities:

IMPROVEMENTS & UPGRADES

Have you made any recent improvements or upgrades to your home?

If yes, please describe.

Year done: _____

Year done: _____

Kitchen _____

Bathroom _____

Heating or air conditioning _____

Plumbing _____

Electrical _____

Roof _____

Windows _____

Patio or deck _____

Garage or carport _____

Addition or extension _____

Swimming pool _____

Other: _____

Comments or details on home improvement or upgrades:

VALUABLE POSSESSIONS

Do you own or lease any of the following?

If yes, please describe

- Boat _____ Est. Value: _____
- Fine Art _____
- Jewelry _____
- Computer and software _____
- Firearms _____
- Golf cart or other RV _____

- Silver/ Silverware _____ Est. Value: _____
- Furs _____
- Snowmobile _____
- Collectibles _____
- Cell Phone or Pager _____
- Other: _____

Comments or details on valuable possessions:

SECURITY INFORMATION

Which alarms do you have installed in your home?

- Smoke alarms on each floor
- Fire alarms
- Burglar alarm
- I have deadbolts on all exterior doors.
- Other security devices _____
- Hard- wired with battery backup
- Notifies a central station
- Has batteries only
- Local alarm only

MISCELLANEOUS INFORMATION

Check the following boxes only if your answer is yes.

- I have a wood- burning stove or a similar secondary heating unit.
- I own one or more rental properties. Describe _____
- I have a swimming pool or trampoline. If yes to pool is it fully fenced in? _____
- I have _____ dogs on my property Breeds of dogs: _____
- I employ domestic help such as a baby- sitter, gardener, maid, etc. Describe _____
- I have a diving board.

EXTRA PROTECTION

Check off the extra coverages on which you would like information

- Automobile insurance
- \$1,000,000 umbrella policy (or higher)
- Business insurance: Home-based Other
- Low- cost term life insurance
- Health insurance
- Retirement planning
- Identity-Theft
- Other: _____
- Boat insurance
- Flood insurance
- College savings plans
- Personal income protection
- Long- term
- Motorcycle, RV, snowmobile or golf cart

I am interested in the information on the above protection. Please contact me by...

Email Regular mail Home Phone _____ Work Phone _____ "*****"Cell _____

Enter any additional comments concerning your insurance in the space below.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS IMPORTANT FORM. PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE BY MAIL, FAX OR EMAIL TO...

Mailing address: 2123 Third Street La Verne, Ca. 91750

Fax to: (909)392-5533

Questions? Call: (909) 392- 5535

Email to: info@Brokerswhocare.com