

G.O. INSURANCE HOMEOWNER'S QUESTIONNAIRE

* TYPE OF INSURANCE: HO3 HO4 HO5 HO6 DP3

* OCCUPANCY: OWNER TENANT

* NAME OF APPLICANT: _____
DATE OF BIRTH: _____ MARITAL STATUS: _____
OCCUPATION: _____

* NAME OF CO-APPLICANT: _____
DATE OF BIRTH: _____ MARITAL STATUS: _____
OCCUPATION: _____

* CONTACT PHONE #: _____

* PROPERTY ADDRESS: _____

* MAILING ADDRESS: _____

* DATE PURCHASED: _____

* GATED COMMUNITY: YES NO

* YEAR BUILT: _____ * AREA: _____ SQFT

* # OF STORIES: _____

* YEAR REMODELED: PLUMBING: _____ COOLING: _____
HEATING: _____ ELECTRIC: _____

* TYPE OF CONSTRUCTION: _____ ROOF TYPE: _____

* BURGLER ALARM: YES NO

* SPRINKLER SYSTEM: PARTIAL FULL NONE

* DO YOU OWN ANIMAL? YES IF YES, TYPE OF BREED: _____

* DWELLING AMOUNT: \$ _____

* PERSONAL PROPERTY: \$ _____

* MORTGAGEE / LOSS PAYEE INFORMATION: _____

* CURRENT INSURANCE CARRIER: _____ EXPIRATION DATE: _____

* ANY LOSS DURING THE LAST 3 YEARS? YES NO
IF YES, DESCRIBE LOSS: _____
