

SIA Insurance Group Homeowner Quote Questionnaire

Applicant's Name _____ Street Address _____ City _____ State _____ Zip Code _____ County _____

CO-Applicant _____ Social Security # Applicant 1) _____ 2) _____

Telephone # _____ Mobile # _____ Email _____

HO Form _____ Dwelling Amount _____ Deductible _____

Personal Property Amount _____ Loss of Use _____

Personal Liability Amount _____ Umbrella Amount _____ Medical Payments _____

Year Built _____ Square Feet _____ Roof Year/Type _____

Type of Construction _____ ie/ Frame – Masonry – Masonry Veneer- Fire Resistive

Market Value _____ Replacement Cost _____

Distance from Fire Hydrant _____ Distance from Fire Station _____

Type of Heat _____

Alarm Y N Type of system _____ Sprinklers Y N Full/Partial _____

Smoke Detectors Y N Carbon Monoxide Detectors Y N

Renovation Type (if over 30 years old) Wiring _____ Plumbing _____ Heating _____ Roofing _____

Any Large or aggressive pets _____

Mortgagee _____

Mortgagee _____

Jewelry / Furs _____

Trampoline/Pool/Swingset _____

Water Backup Coverage Amount _____

List Losses in the past 5 Years _____

Prior Carrier Information: Company Name _____ Policy # _____ Exp Date _____