| Homeowner Questionnaire             | Effective Da        | ate                  | Agent                       |          |
|-------------------------------------|---------------------|----------------------|-----------------------------|----------|
| Name                                | Spouse Na           | me                   |                             |          |
| OccupEduc                           | Empl. Lo            | ocation city         |                             |          |
| Spouse OccupE                       | duc                 | Empl. Location city_ |                             |          |
| Address                             |                     |                      | In city lim                 | its Y N  |
| County                              | -                   |                      |                             |          |
| Mailing Address                     |                     |                      |                             | -        |
| Home Phone #                        | _ Work #            | Cell #               |                             |          |
| Social Security #                   | Spouse SS #_        |                      |                             |          |
| Date of Birth/Sp                    | ouse Date of Birth  | /H                   | ome purchase date           | -        |
| Real Estate Agent Name / #          |                     |                      |                             | _        |
| Purchase Price \$# of C             | laims in last 5 yrs | Weather related      | ? TheftWater                | -        |
| Current Mortgage Amount \$          | Covg to             | pay off mortg Y N    | W # of yrs left on mortg    | _        |
| Mortgage Company Name/Add/Ph        |                     |                      |                             |          |
| Insurance Amt \$ Deducti            | ble \$Liabi         | lity Amt: 100k 200   | k 300k 500k 1MM             |          |
| Current Insurance Company           |                     | Eff.                 | Date of new policy          |          |
| Construction Year Construction      | Type Frame Mason    | ry Both Foundation   | Type Slab Crawl Bsmnt       |          |
| Type of Roof Metal Asphalt Shingle  | Other               |                      |                             |          |
| Updates – Year completed: Roof      | Electrical          | Plumbing             | HVAC                        |          |
| Heating Source                      | Fireplace           | Type                 |                             |          |
| Ground floor Sq ftg Baser           | ment Y N Finished   | Y N Walkout Y N      | # of stories 1 2 3 Bi-level | Tri-leve |
| # of baths 1 1.5 2 2.5 3 Amt of     | f land              | acres Own other      | r property Y N              |          |
| Fire Depart Name                    | # miles from Fire   | e Dept Hydr          | ant within 500 ft1000       |          |
| Pool Fence Trampoline               | _ fence or netting  | Other                |                             |          |
| Security alarm Y N - Local Monitore | ed DogsBree         | ed                   | Bite history                | YN       |
| Guns Jewelry Collections            | Descrip             |                      |                             |          |
| EQ Wtr bckup Mine C                 | Other               |                      |                             |          |
| How did you hear about us?          |                     |                      |                             |          |