

European-American Inc.

Homeowners Questionnaire

Name: _____ Telephone (____) _____
Address Street _____ How many Years there _____
City _____ County _____ State & Zip Code _____

Occupation: _____ Social Security No. _____ Date of Birth _____
(mo / day / year)

Description

Address of Property: _____
(if same as above, write "Same") _____

Type of Residence (check one) Single Family Home Condominium Cooperative Apartment

Occupancy: (check one) Primary or Seasonal or Secondary

Use: (check one) Vacation Home or Rented to Others or Tenant

Limits of Insurance Required

Liability (check only one limit, which will apply to all liability coverages)

\$100,000 \$200,000 \$300,000 \$500,000 \$1 million or any larger limit \$ _____

Property Values - Actual Cash Value or

Replacement Cost - please check one: ACV / Repl.

Building \$ _____ ~ ~

Additions & Alterations \$ _____ ~ ~

Contents \$ _____ ~ ~

Other Structures \$ _____ ~ ~

(please list) \$ _____ ~ ~

Theft Extension (Fine Arts, Silver, Jewelry, Furs, Coins, Stamps, Guns, etc. - please use separate page and include limits.)

Property

Deductible: (check one) \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Property Protection:

Distances to:

nearest fire hydrant _____ (feet)

nearest fire station _____ (miles)

nearest shore _____ (ft./ mi)

Alarms:

Central Station

Burglar Fire

Local (or Direct)

Burglar Fire

Security:

Gated Community

Gated Community Patrol

24-Hour Security

Full-time Caretaker

Property Construction:

Year Built _____ How many Stories _____ Type of Roof _____ Type of Attic _____

Frame _____ Masonry _____ Type of Garage _____ No. of Rooms _____

Porches/Decks _____ Fireplace _____ Woodstove _____ Heating _____ Air Conditioning _____

Type of Basement, if any _____ Smoke Detector _____ Sprinkler System _____ Swimming Pool _____

Fenced _____ Size of Lot _____ Square Feet of Home/Apartment _____

Property Updates:	Year	Amount	Updates:	Year	Amount
Roof	_____	_____	Heating	_____	_____
Electric	_____	_____	Plumbing	_____	_____
Exterior Paint/Siding	_____	_____			
Water	City _____	Well _____	Sewer _____	Septic Tank _____	

- Other:** 1. Any pets, please describe: _____
2. Any business conducted on the premises, please provide details.
3. Any Losses - 3 years (lease provide date, description and amount paid on separate sheet of paper).
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Mortgagee:	_____	Condo Association:	_____
Contact:	_____	Contact:	_____
Address	_____	Address	_____
	_____		_____
Phone _____	Fax _____	Phone _____	Fax _____

Other Personal Insurance:	Expiration Date	Insurer
Auto	_____	_____
Life	_____	_____
Homeowners	_____	_____

Date

Signature

NOTE: COMPLETION OF THIS FORM DOES NOT BIND COVERAGE.

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