

HOMEOWNERS QUESTIONNAIRE

After completion, please email form to jill@hisaline.com

NAME:		_PHONE:	
BIRTHDATES:		EMAIL:	
DATE WANT COVERAG	E TO START:		
ADDRESS OF HOME			
AMOUNT OF COVERAG	E ON DWELLING:		
DEDUCTIBLE DESIRED	(\$500 \$1000 \$2500):		
CONSTRUCTION: BRIC	K (Y/N OR %):	FRAME: (Y/N (OR %):
YEAR BUILT:	# OF STORIES:	SQUARE FOOTAGE (Not including	
FIREPLACE: (Y/N):	WOOD/PELLET STO	VE: (Y/N): AGE OF	ROOF:
RESPONDING FIRE DEF	PARTMENT		
GARAGE (Y/N):	ATTACHED/DETAC	HED# OF	CAR:
BASEMENT: (Y/N)	FINISHED (Y/N & %)	WALK OUT BAS	EMENT (Y/N)
CENTRAL AIR (Y/N):	DECK/PORCH (Y/N)		
# FULL BATHROOMS:		(of deck or # HALF BATHROOMS	:
POOL (Y/N) INGRO	OUND(Y/N) SLIDE (OR DIVING BOARD	_FENCED
DOG (Y/N) BREEI)		
ANYONE IN HOUSEHOL UNION, ALUMNI ASSOC			IAL SOCIETY, CREDIT
AUTOMATIC GENERAT	OR (Y/N) WATE	R/TEMP DETECTION S	SYSTEM (Y/N)
MONITORED SECURITY	/ SYSTEM (Y/N):	_ FIRE/BURGLARY OR	ВОТН
ANY CLAIMS IN THE PA	ST 3 YEARS? (date of I	oss, amount paid and de	escription of claim)
EXTRA COVERAGE FO	R JEWLERY/BOATS/RE	EC VEHICLES/FINE AR	TS: