

Superior Access Homeowners Questionnaire

Insured Information

Name: _____
First MI Last

Primary Phone #: _____ Email Address: _____

DOB: _____ Gender _____ Marital Status _____

Occupation: _____ Education: _____

Home Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Years at Address: _____ Current Policy Exp. Date: _____

Currently have auto policy? Y N Current company providing coverage? _____

Homeowners Insurance Information

Has property insurance company cancelled, declined, or refused renewal in past 5 years? Y N

Current company providing coverage? _____ Years with prior carrier? _____

Years with continuous home coverage? _____ Exp. Date _____ Current Annual Premium _____

Interested in a flood quote on your personal belongings? Y N

Property Details

Purchase Date: _____ # of Household Occupants: _____ # of units/apartments: _____

Is the home under construction? Y N

Is there a business or daycare on the premise? Y N

Heating Type: A) Electric B) Gas C) Gas – Forced Air D) Gas – Hot Water E) Oil
 F) Oil – Forced G) Oil – Hot Water H) Solid Fuel Other

Is there an underground fuel tank on the premises? Y N

Plumbing Type: A) Entirely Copper B) Entirely Galvanized C) Entirely PEX D) Entirely PVC
 E) Polybutylene F) Mix of the above G) Mix incl. other non-listed material Non-listed material

Updates: Roofing: Y N Plumbing: Y N Heating: Y N Wiring: Y N

Year UPDT: _____ Year UPDT: _____ Year UPDT: _____ Year UPDT: _____

Is there an electric breaker present on the property? Y N

Protective Devices (Check all that apply):

Smoke Detector Burglar Alarm Fire Ext. Dd. Blt. Locks Fire Detection Sprinklered

Co-Applicant Information:

Is there a co-applicant? Y N If yes, answer the following:

Name: _____
First MI Last

Relationship to client: _____ DOB: _____ Gender: _____

Marital Status: _____ Occupation: _____

Financial Interests on the Property:

Number of mortgagees: _____ How many other interests are there on the property? _____

Is there a cosigner? Y N

Is there an equity line of credit? Y N

Loss Information:

Do you have any losses? Y N

If yes, answer the following:

Loss #1) Date of loss: _____ Loss Amount: _____

Loss Description: _____

Loss #2) Date of loss: _____ Loss Amount: _____

Loss Description: _____

Loss #3) Date of loss: _____ Loss Amount: _____

Loss Description: _____

Loss #4) Date of loss: _____ Loss Amount: _____

Loss Description: _____

Coverages: ASK FOR POLICY FIRST! – IF INSURED DOESN'T PROVIDE POLICY FILL IN BELOW

Cost to replace/rebuild home: _____ Other structures Coverage: _____

Personal Liability: _____ Personal Property: _____

All Perils Deductible: _____ Medical Payments: _____

Discounts/Credits:

Do you live in a retirement community? Y N

Do you live in a limited access/gated community? Y N

Do any of the residents smoke? Y N

Is your home visible to neighbors? Y N

Is there manned security on the premises? Y N

Eligibility Questions:

Number of dogs on premises? _____