

HOMEOWNER QUESTIONNAIRE (PRINT)

Name: _____
Address: _____ **Zip code** _____
Contact number: _____ **Email** _____

Dwelling Information:

What year built _____ How many stories _____
Square footage _____

Does your home have:

Deck (Sq. Ft.:) _____
Cathedral Ceilings (% of home) _____
Breezeway (Sq. Ft.) _____ Enclosed or Screened _____
Open Porch (Sq. Ft.) _____ Closed Porch (Sq. Ft.) _____

Which of the following additional features are in your home?

Skylights _____ Glass Sliding Door _____
Picture Window _____ Woodstove _____
Atrium/French Door. _____ Hot Tub _____
Central Alarm. _____ Bay Windows _____
Bay Windows _____ Greenhouse: Sq Ft _____
How many Fireplaces? _____ Gas or Electric _____

Kitchens features:

Corian ___ Granite ___ authentic marble countertop ___ Sub-Zero Refrigerator ___ Center
Island w/ Cabinets or sink _____

Bathrooms

Full (3 or more fixtures w/tub)# _____ Half (Sink, toilet, stand up shower)# _____
#Half (Sink/toilet only)# _____

Do you have a garage? No / Yes # of cars? _____ Attached or Detached?

Foundation: What percentage is: Slab: _____% Crawl Space: _____% Stilts: _____%

Roof type: _____

Central air conditioning? No / Yes **Pool?** No / Yes – Above or In Ground?

Diving Board or Slide? Yes / No **Fenced?** Yes / No

Do you have a **trampoline?** No / Yes

Do you have any **animals?** No / Yes –What kinds? -- If a dog, what breed? _____

Do you have any jewelry, silver, fine arts, furs, collections, etc., you wish to insure?

Value \$ _____

Any business conducted on the property? No / Yes

If you already own the home, who is the current carrier? _____

How much is it insured for (Coverage A) _____ Exp date _____

Has insurance been declined, non-renewed, or cancelled? No / Yes

Have you had any losses (claims) in the last 3 years? Date of loss _____ If yes
please describe loss _____.

Instructions: Please fax completed form to 949-701-4801 or Email to
mktg@rmiinsurance.com. If you want to speak with a Personal Lines
Representative please call 888-380-4774