



NEW ENGLAND INSURANCE SERVICES, INC.

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HOMEOWNER'S QUESTIONNAIRE

Full Name (1): \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Address \_\_\_\_\_
City \_\_\_\_\_

Full Name (2): \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ State/Zip: \_\_\_\_\_

Occupation (1): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation (2): \_\_\_\_\_ Email: \_\_\_\_\_

LOCATION/STRUCTURE INFORMATION

Year Purchased \_\_\_\_\_ # of Families \_\_\_\_\_ Owner Occupied? Y N Year Built \_\_\_\_\_ Sq. Footage \_\_\_\_\_

Style of Home (circle): Cape, Colonial, Ranch, Raised Ranch, Split Level, Other: \_\_\_\_\_ Distance to Shore \_\_\_\_\_
(miles)

Construction Type (circle): Frame, Log, Masonry, Manufactured, Steel/Concrete Finished Basement? Y N
Percentage that is Finished \_\_\_\_\_

Construction Quality: \_\_\_\_\_ Type of Siding: Vinyl, Aluminum, Cedar, Clapboard, \_\_\_\_\_
(standard, customer, luxury, etc.) (other)

How Many Stories?: \_\_\_\_\_ # of Baths: \_\_\_\_\_ # of Kitchens: \_\_\_\_\_ Trampoline? Y N

Pool?: Y N In-ground/Above (circle) Slide/Diving Board?: Y N Fenced and locked?: Y N

Flooring Percentage: Hardwood \_\_\_\_\_ Tile \_\_\_\_\_ Carpet \_\_\_\_\_ Laminate \_\_\_\_\_ Vinyl \_\_\_\_\_ Other \_\_\_\_\_

Garage? Y N Number of Cars?: \_\_\_\_\_ Attached? Y N Other Detached Structure(s)?: \_\_\_\_\_

Deck? Y N Dimensions: \_\_\_\_\_x\_\_\_\_\_ Porch? Y N Open or Enclosed? Dimensions: \_\_\_\_\_x\_\_\_\_\_
(circle) Fire Dept. Paid

Distance to Fire Department (miles): \_\_\_\_\_ Distance to Hydrant (feet): \_\_\_\_\_ or Volunteer? \_\_\_\_\_

List Protection Systems in Home: \_\_\_\_\_ Central Air? Y N Same Ducts as heat? Y N

Primary Heat \_\_\_\_\_ # of Fireplaces \_\_\_\_\_ Woodstove? Y N # of Chimneys \_\_\_\_\_ Sump Pump? Y N
(oil, gas, electric, etc.)

Type of Electrical Service: Fuses, Circuit Breakers, Knob and Tube If Circuit Breakers, # of Amps: \_\_\_\_\_
(circle all that apply)

Updates to Structure (List year of each update):

Roof: \_\_\_\_\_ Electrical: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

CURRENT POLICY INFORMATION

**Current Ins. Carrier:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Current Premium:** \$\_\_\_\_\_

**Current Policy #:** \_\_\_\_\_ **Mortgagee Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Coverage:

**Dwelling:** \_\_\_\_\_ **Contents:** \_\_\_\_\_ **Liability:** \_\_\_\_\_

**Medical Payments:** \_\_\_\_\_ **Deductible:** \_\_\_\_\_

**Please list any previous claims:** \_\_\_\_\_

*(Please list the loss year, type and amount paid by insurance company)*

**How do you prefer to be billed?** In full, Semi-Annual, Quarterly, Monthly, Escrow: \_\_\_\_\_

1. **Do you have any pets/livestock? If so, please list type, breed, and how many:** \_\_\_\_\_
2. **Do you have a business on the premises? Please Explain:** \_\_\_\_\_
3. **Is property currently undergoing renovations or do you have any planned renovations?** \_\_\_\_\_
4. **Is the property for sale or do you have plans to put property up for sale?** \_\_\_\_\_
5. **Has applicant had a foreclosure, repossession or bankruptcy during the past 5 years?** \_\_\_\_\_
6. **Do you have a boat or any recreational vehicles or trailers?** \_\_\_\_\_
7. **Is the property in a flood zone?** \_\_\_\_\_

**Additional Coverage Desired (not automatically included with a homeowner's policy):**

*Please keep in mind that for some items, appraisals may be required. Not all requested coverage may be available.*

- |  |   |
|--|---|
| <input type="checkbox"/> Earthquake                                  | <input type="checkbox"/> Additional Structures                  |
| <input type="checkbox"/> Loss Assessment                             | <input type="checkbox"/> Additional Residence                   |
| <input type="checkbox"/> Electrical Apparatus in Vehicle             | <input type="checkbox"/> Physical Damage for Watercraft/Trailer |
| <input type="checkbox"/> Flood                                       | <input type="checkbox"/> Securities                             |
| <input type="checkbox"/> Water back up of sewers or drains           | <input type="checkbox"/> Silverware                             |
| <input type="checkbox"/> Business property                           | <input type="checkbox"/> Fine Arts                              |
| <input type="checkbox"/> Building Ordinance/Law Coverage             | <input type="checkbox"/> Antiques                               |
| <input type="checkbox"/> Employers Liability (residence employees)   | <input type="checkbox"/> Coins                                  |
| <input type="checkbox"/> Business Liability                          | <input type="checkbox"/> Furs                                   |
| <input type="checkbox"/> Watercraft Liability                        | <input type="checkbox"/> Jewelry                                |
| <input type="checkbox"/> Farming or Incidental Farming Liability     | <input type="checkbox"/> Other (explain) _____                  |
| <input type="checkbox"/> Builders Risk (theft of building materials) |   |

***\*Please initial indicating that you are only interested in purchasing coverage for the specific items that you have indicated above and do not want coverage for any other exposure: INITIAL\_\_\_\_\_***

***\*Please sign below indicating that you have answered the questionnaire to the best of your ability:***

X \_\_\_\_\_ X \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
Insured's Signature Print Name Date

**PLEASE RETURN THIS QUESTIONNAIRE WITH A PHOTO OF THE FRONT AND BACK OF YOUR HOME.  
PLEASE ALSO INCLUDE A PHOTO OF ANY DETACHED STRUCTURES.**