



400A Franklin St. Braintree, MA 02184
Telephone No. 781-843-7000 Fax No. 781-848-6100

Homeowners Worksheet

Client(s) Information

Applicant Name(s)

Applicant Address

City/State

Zip

Property Address

Property City/State

Prop
Zip

Is the property within 2 miles of the coast?

Yes

No

Insured 1 Date of
Birth

SSN

Insured 2 Date of
Birth

SSN

Home Phone

Work Phone

Cell Phone

E-mail

Dwelling Information

Co-owners or Trust?	Yes			
	No			
Year Built?		No of families?	Is there an in-law apartment?	Yes
				No
Type of Roof?			Age of Roof?	
Utilities:				
Electrical & Wiring:	Age		Type	
Plumbing:	Age		Type	
Heating:	Age		Type	
If oil heat, is the oil tank above or below ground?	Above		What is its location?	
	Below			
Is the property occupied by the insured?	Yes	Is anyone else living in the dwelling:	Yes	
	No		No	
Are there Tenants in the building?	Yes	If yes, how many units are in the building?		
	No			
Are all occupants non-smokers?	Yes			
	No			
Does the dwelling contain smoke detectors?	Yes	Does the dwelling have an alarm system?	Yes	
	No		No	
If there is an alarm system, what type is it?				
Does the dwelling contain lead paint?	Yes	Do you have a lead certificate?	Yes	
	No		No	
Do you have a sump pump in the dwelling?	Yes			
	No			
Are there any additional structures on the property?	Yes	If yes, please describe?		
	No			

Is there a pool on the property?	Yes No	If yes, what is the type of pool?	Above ground Below ground
Is there a diving board?	Yes No	Is there a fence around the pool?	Yes No
Is there a trampoline or skateboard on the property?	Yes No		
Do you own a dog?	Yes No	What is the breed?	
Any other pets on the property?	Yes No	If you have tenants, do they have any pets?	Yes No
Please describe tenants pet(s)?			

Optional Coverage's

Do you currently have or want an Umbrella policy?	Yes No	If yes, what is the limit?	
Do you want Flood insurance?	Yes No	Do you want earthquake coverage?	Yes No
Do you want "Ordinance or Law" coverage?	Yes No		

Do you own any valuable items (Jewelry, Watches, Antiques, Furs, Fine Art)?

If yes, please describe

Miscellaneous Questions

Is there any business conducted on the premises?	Yes No	If yes, please describe	
Does any occupant of the dwelling require assisted living care?			Yes No

Have you filed for
bankruptcy in the last
5 years?

Yes
No

If yes, where &
when?

Have you filed any homeowners claims in the last 5 years? If yes, please describe below:

Please include the
date, type and
amount of each
claim.

Mortgagee Information

Name

Address

City/
State

Zip

E-mail

Phone Number

Fax Number

Closing Date

Purchase
Price

Mortgage
Amount

Additional Comments