



"All Your Insurance Needs . . . Under One Roof"

400A Franklin St. Braintree, MA 02184

Telephone No: 781-843-7000 Fax No: 781-848-6100

Homeowners Worksheet

Client(s) Information

Name(s):

Mailing Address:

City/State:

Zip Code:

Property Location/Address:

Is the property within 2 miles of the water? Yes No

Telephone Information: Home:

Work:

Cell

Email Address:

Occupation:

Insured 1 Date of Birth:

SSN:

Insured 2 Date of Birth:

SSN:

Co-owners or Trust? Yes No

Dwelling Information

Year Built?

No of families?

Is there an in law apartment? Yes No

Type of Roof?

Age of Roof?

Utilities:

Age:

Type:

Wiring:

Plumbing:

Heating:

If oil heat, is the oil tank located above or below ground? Above Below

What is the location?

Is the property occupied by the insured? Yes No

Is anyone else living in the dwelling? Yes No

Are there Tenants in the building? Yes No

If yes, how many units are in the building?

Are all occupants non-smokers? Yes No

Does the dwelling contain smoke detectors? Yes No

Does the dwelling have an alarm system? Yes No

If there is an alarm system, what is the type of system?

Does the dwelling have a wood or coal stove? Yes No

If yes, what is the type?

Does the dwelling contain lead paint? Yes No

Do you have a lead certificate? Yes No

Do you have a sump pump in the dwelling? Yes No

Are there any additional structures on the property? Yes No

If yes, please describe:

Is there a pool on the property? Yes No

If yes, what type of Pool? In Ground Above Ground

Is there a diving board? Yes No

Is there a fence around the pool? Yes No

Is there a trampoline, or skateboard ramp on the property? Yes No

Do you own a Dog? Yes No

If yes, what is the breed?

Any other Pets?

If there are tenants, do the tenants own any pets? Yes No

If yes, what is the type and breed?

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) Yes No

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 homeowner claims in the last 5 years? Yes No If yes, please describe below;

Date	Type of Claim	Amount Paid

Mortgagee Information

Name:		
Address:	City/State:	Zip:
Email Address:	Phone No:	Fax No:
Closing Date:	Purchase Price:	Mortgage Amount:

Additional Comments:

Signature

Signature:	Date:
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