

VanDyne Insurance Homeowner's Insurance Questionnaire FORM: HOQ

****Early quoting can save you money! If bound 5 days or more prior to your expiration date some carriers will offer credits!**

Date _____ Settlement/Renewal Date _____ FLOOD? _____ Initial here> _____

How did you hear about VanDyne Insurance? _____

Name _____ SS# _____ Date of Birth _____

Spouse/2nd Insured _____ SS# _____ Date of Birth _____

(Our Insurance companies use credit scoring as part of the rating system)

Home Phone # _____ Work Phone # _____ Cell# _____

Email Address _____

Best way to contact you _____

Address of Property _____

County _____ Township _____ Market Value \$ _____

Mortgage Balance _____ Name and Phone # of Mortgage contact _____

Current Address (If different from above) _____

House Information

Year Built _____ If new construction, what is the name of Development/Builder _____

Month and year purchased _____

Number of stories _____ Square feet of entire house, excluding basement _____ # of families _____ (Duplex, Triplex)

Type of House (circle) Cape Cod Colonial Bi-Level Split Level (how many levels, not including basement?) _____

Victorian Ranch Contemporary Row/Townhouse (center unit) Row/Townhouse (end unit)

(If Condo or Townhouse, # of units to Firewall (above, below, or to the side) _____

Other (specify) _____
Foundation: Slab _____% Crawl Space _____% Piers _____% Basement _____%

Basement Type (circle): Below Grade Walk out

Square feet of basement _____ What % of the basement is finished? _____

Construction of Exterior Walls: Brick _____% Stucco on Masonry _____% Stucco on Frame _____% Stone _____%
Brick Veneer _____% Aluminum Siding _____% Vinyl Siding _____% Wood Shake _____%
Asbestos Siding _____% Logs _____% Other (specify) _____ %

Do you have any porches or decks? Open Porch #1 _____ Sq. Ft. Open Porch #2 _____ Sq. Ft.
Enclosed Porch #1 _____ Sq. Ft. Enclosed Porch #2 _____ Sq. Ft.
Deck #1 _____ Sq. Ft. Deck #2 _____ Sq. Ft.

Do you have a Breezeway or Patio? Open Breezeway _____ Sq. Ft. Screened Breezeway _____ Sq. Ft.
Enclosed Breezeway _____ Sq. Ft. Patio _____ Sq. Ft. (Covered? YES / NO)

Do you have any detached structures? If yes, please list: _____

Do you have any of the following? (circle) Atrium Door Bay Window Bow Window Skylights Sliding Doors
Stained Glass Windows Solar Panels

Inside walls (circle) Plaster Drywall Other _____

Ceilings (circle) Plaster Drywall Other _____

Do you have Central Air? YES / NO If yes, do they use the same ducts or separate ducts from heating system? _____

How many fireplaces do you have? # of wood fireplaces _____ # of gas fireplaces _____ # of wood or coal burning stoves _____

Do you have any of the following? (circle) Hot tub French doors Jacuzzi Wet bar

Do you have a garage? YES / NO Type: Attached Detached Basement Built-in Carport # of cars it holds _____

How many kitchens do you have? _____ Basic Builder's Grade Custom

How many full bathrooms do you have? _____ Basic Builder's Grade Custom

How many half bathrooms do you have? _____ Basic Builder's Grade Custom
(no tub or shower)

Systems Information:

Roof: Type _____ What year was roof replaced _____ Condition _____

Plumbing: Type of pipes (circle) Copper PVC Lead/Galvanized Other _____

Are there any leaks? YES / NO If yes, explain _____

Describe any updates you have made: _____

Heating: Type (circle) Gas Oil Electric Propane Other _____

Age of system _____ If over 25 years, when was burner last replaced? _____

Electrical: Do you have any Knob and Tube wiring? YES / NO If yes, where is it located? _____

List any updates you have made to your electrical system _____

Miscellaneous Information

Do you own any other properties? YES / NO (If yes, please list below)

Are you a member of a Homeowner's Association? YES / NO Current Company _____ Current Premium \$ _____

Current Coverage: Dwelling (A) _____ Other Structures (B) _____ Contents (C) _____
Loss of Use (D) _____ Liability _____ Medical Payments _____
Deductible _____ Do you have an Umbrella Policy? YES / NO Do you have Flood Insurance? YES / NO

Any Schedules: Jewelry _____ Furs _____ Silverware _____ Guns _____ Fine Arts _____
Computers _____ Boats _____ Other (list) _____

Other endorsements or special coverage on your current policy: _____

Have you made any claims in the last 5 years? (If yes, please list the type of claim and amount paid by insurance company)

Do you have any of the following? (circle) Smoke detector Fire extinguisher Deadbolts Sprinklers throughout the house
Local Fire Alarm Local Burglar Alarm Central Station Fire Alarm Central Station Burglar Alarm

Who monitors your Central Station Alarms? _____ Phone # _____

How close is the nearest Fire Hydrant? _____ feet How close is the nearest Fire Station? _____ miles

Do you have a Trampoline? YES / NO Swimming Pool? YES / NO If yes, is it fenced? YES / NO

Does your pool have a diving board? YES / NO If yes, how high is the board? _____ feet

Do you have any pets? YES / NO If yes, list them and tell us if they have ever bitten anyone.

VanDyne Insurance Agency

Do you run a business from your home? YES / NO

Phone 610.384-2700

Fax 610.384-2701

www.vandyneinsurance.com

Type of business _____ Hours per week _____

Thank you for completing this questionnaire. Please return to VanDyne Insurance before: _____

FAX (610) 384-2701 or email: peoplefirst@businessinsurance123.com