

Agency Name	Policy Number	Effective Date
Name and Mailing Address: (Please verify and update)		Location of Property: (If different from the mailing address)

Insured's date of birth: / / Spouse's name: Date of Birth: / /

1. Number of families: Single Family 2 Family 3 Family 4 or More Families

2. Occupancy: Owner Occupied - Primary Residence Owner Occupied - Seasonal/Secondary Residence
 Vacant or Unoccupied Tenant Occupied For Sale, or Going to Be for Sale Within the Next Year

a. Total number of residents in household: b. Are there any roomers or boarders: Yes No

3. Is there a swimming pool on the premises: If yes, please check: In-ground Above Ground

a. If yes, does it have a diving board or slide: Diving Board Slide

b. If there is a slide, what is the maximum height of the slide above the water:
 Depth of pool below slide:

c. Is the pool fenced: Yes No If yes, is the fence locked: Yes No

d. If above ground pool, do the stairs retract and lock, or is the opening to the pool area secured: Yes No

4. Is there a trampoline on the premises: Yes No

5. Is there any business conducted on the premises: Yes No

If yes, please describe:

6. Are there any pets or animals on the premises: Yes No

If yes, Animal type(s):

Dog Breed(s):

7. Have you made any major (over \$5,000) renovations or additions to the premises in the last 5 years: Yes No

If yes, please describe:

8. Have any of the following been updated in the past 5 years: Furnace Roof Plumbing Electrical

If yes, please describe:

9. Do you use alternative heating: Yes No

If yes, check all that apply:

Wood stove Wood furnace Pellet Stove Coal Stove
 Kerosene heater Electric/gas/propane space heater Exterior wood furnace Gas Fireplace

Is this your primary source of heating: Yes No

10. Do you have an underground fuel tank: Yes No

If yes, please check: Oil Propane

