| 0 | Utica | National | Insurance | Group |
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|---|-------|----------|-----------|-------|

## **Dwelling Questionnaire**

| Agency Name   |   | Policy Number  |                                 | Effec   | tive 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  | s name:  |                                 |         | Date of birth:   | 1         | 1     |  |  |  |
| 1. How many apartments (  | units) are in the dwelling:   |  | How many are currently occ      | cupied: |                  |           |       |  |  |  |
| How many tenants resid     a. Is a lease re   |   |  | Do you reside in the dwellin    | g: C    | Yes No           |           |       |  |  |  |
| 3. Do all the tenants maintain their own Renters Insurance:  Yes  No  Unknown   |   |  |                                 |         |                  |           |       |  |  |  |
| 4. Is the dwelling currently for sale, or will be for sale within the next year:   Yes   No   |   |  |                                 |         |                  |           |       |  |  |  |
| 5. Is there a swimming pool on the premises: Yes No If yes, what kind: In-ground Above ground a. If yes, does it have a diving board or slide: Diving board Slide b. If there is an above ground pool, is it owned by: Owner Tenant |   |  |                                 |         |                  |           |       |  |  |  |
| 6. Is there a trampoline on the premises:   |   |  |                                 |         |                  |           |       |  |  |  |
| 7. Is there any business co   |   | Yes \( \) No   |                                 |         |                  |           |       |  |  |  |
| <ul><li>8. Are there any pets or an</li><li>a. If yes, anima</li><li>b. Dog breed(s</li><li>9. Have you made any maj</li></ul>  | al type(s):   | s No   | emises in the last 5 years: (   | Yes     | ○ No             |           |       |  |  |  |
| a. If yes, pleas  | e describe:   |  |                                 |         |                  |           |       |  |  |  |
|   | g been updated in the past 5 year   | ars:   | ○ Roof ○ Plumb                  | oing    | ○ Electrical     |           |       |  |  |  |
| a. If yes, pleas  |   |  |                                 |         |                  |           |       |  |  |  |
| Q   | c all that apply: d stove   |  | Pellet Stove                    |         | $\sim$           | Stove     |       |  |  |  |
| If yes, check al Central Fir If this discount a. If yes, is it of b. If yes, name Security Cor  | re Alarm System Cent is currently being applied to you urrently active with the Security e of Security Company: mpany phone number: | ral Burglar Alarm S<br>ir policy, or if this di<br>Company: () Yes | scount will be newly applied,   | please  |                  | stions be | elow: |  |  |  |
| Signature   | ve information and declare that,  | to the best of my ki   | nowledge and belier, all of the | Date    | oning statements | are true  |       |  |  |  |

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