



# NOVAK AGENCY, INC.



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## HOMEOWNERS INSURANCE QUESTIONNAIRE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

1. Do you own or rent?  Own  Rent

2. Approximate age of home? \_\_\_\_\_

3. What type of heat do you have? \_\_\_\_\_

4. Any woodburners/fireplaces?  Yes  No

5. What amount of coverage do you have now?

• Home \_\_\_\_\_

• Other Structures \_\_\_\_\_

• Personal Property \_\_\_\_\_

• Does this include Replacement Cost Coverage?  Yes  No

• Liability Limit \_\_\_\_\_

• Medical Payments to Others \_\_\_\_\_

• Deductible \_\_\_\_\_

• Any Special Coverages?  Yes  No

• Jewelry \_\_\_\_\_

• Guns \_\_\_\_\_

• Recreational Vehicles \_\_\_\_\_

• Boats \_\_\_\_\_

• Other \_\_\_\_\_

6. What is the approximate square footage of home and the number of stories?

Square Feet: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

7. When is your homeowners insurance due: \_\_\_\_\_

8. Type of construction? \_\_\_\_\_

9. Smoke alarms?  Yes  No How Many? \_\_\_\_\_

10. Any business on property?  Yes  No

11. Dates of birth and social security numbers of applicants:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Do you smoke?  Yes  No

13. Do you have a pool or trampoline?  Yes  No

14. Do you have any animals?  Yes  No If so, what kind? \_\_\_\_\_

Thank you for your time in getting this information to us. Please return this form to the address above and we will get back to you as soon as possible with a rate.