

HOMEOWNERS INSURANCE QUESTIONNAIRE

(IMPORTANT) QUESTIONNAIRE MUST INCLUDE IMAGE OF
CURRENT POLICY DECLARATION PAGE



1992-2024

618 South Broad Street Lansdale, PA 19446
Toll-Free: 800.240.3369
FAX: 215.362.9203
contact@InsureDirect.com

POLICY HOLDER NAME / SAME AS APPLICANT TODAY'S DATE

--	--

EFFECTIVE DATE:

EXP DATE:

--	--

ADDRESS

STREET:

CITY:

STATE:

ZIP:

CURRENT INSURANCE
CARRIER:

OTHER INSURANCE IN
HOUSEHOLD:

YES

NO

POLICY NUMBER:

TYPES:

PAYMENT MADE BY:

INSURED

BANK

DECLARATION
INCLUDED

OTHER _____

BANK NAME / ADDRESS

BANK NAME:

STREET:

CITY:

STATE:

ZIP:

APPLICANT INFORMATION

APPLICANT'S NAME: (FIRST, MIDDLE, LAST)

CELLPHONE NUMBER:

MAILING ADDRESS

EMAIL:

STREET:

CITY:

DATE OF BIRTH:

STATE:

ZIP:

SOCIAL SECURITY NUMBER:

MARITAL STATUS:

CURRENT RESIDENCE

MOVE IN DATE:

APPLICANT'S
OCCUPATION:

CO-APPLICANT'S NAME: (FIRST, MIDDLE, LAST)

PREVIOUS ADDRESS: (IF LESS THAN 2 YEARS)

CELLPHONE NUMBER:

EMAIL:

DATE OF BIRTH:

SOCIAL SECURITY
NUMBER:

MARITAL STATUS:

CO-APPLICANT'S
OCCUPATION:

COVERAGE	LIMIT
DWELLING	\$
OTHER STRUCTURES	\$
PERSONAL PROPERTY	\$
LOSS OF USE	\$
REPLACEMENT COST HOME	\$
REPLACEMENT COST LOST CONTENTS/ PERSONAL PROPERTY	\$

LOSS HISTORY:

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE DURING THE LAST 5 YEARS, AT THIS LOCATION?

YES NO

IF YES PLEASE INDICATE:

LOSS DATE	DESCRIPTION OF LOSS	AMOUNT PAID	ENTERED BY AGENT/ COMPANY

NOTES: