

Name:

Date Insurance Required:

Address:

Birthdate:

Contact Info:



Homeowner Insurance Guide Checklist

Using this checklist can help both home owners and home buyers in many ways. The checklist is based on all of the information about the home that affects your insurance rating and premium. Knowing the answers prior to contacting a broker can help to simplify and speed up the process of receiving a quote and most importantly the proper coverage.

For home owners: it is a good way to understand the information you will be asked when insuring your home with a new broker for the first time. Because it contains the most important information required by your broker it is also helpful to keep on hand so you know when to alert your broker of changes that have been made in your home.

For home buyers: it provides a list of questions to ask your realtor or the seller of the house. Many of the items are overlooked by optimistic home buyers and are only realized once they become a problem or require upgrading before insurance can be provided.

Questions About the House

1. What year was the house built?		
2. What is the area of the living space (sq. ft.)?		
3. What is the style of the building?		
<input type="checkbox"/> 1 Storey	<input type="checkbox"/> 1 ½ Storey	<input type="checkbox"/> 2 Storey
<input type="checkbox"/> Bi-Level	<input type="checkbox"/> Split Level	<input type="checkbox"/> Other <small>Specify:</small>
4. What is the main construction material?		
<input type="checkbox"/> Wood frame	<input type="checkbox"/> Brick	<input type="checkbox"/> Log
		<input type="checkbox"/> Other <small>Specify:</small>
5. When was the roofing last updated?		
a. What is the roofing material?		
<input type="checkbox"/> Asphalt shingle	<input type="checkbox"/> Wood/Cedar Shake	<input type="checkbox"/> Metal
		<input type="checkbox"/> Other <small>Specify:</small>
6. When was the last electrical update?		
a. What percentage was updated?		
b. What is the type of service?		<input type="checkbox"/> 100 AMP
		<input type="checkbox"/> Other <small>Specify:</small>
c. Is the service provided through:		<input type="checkbox"/> Breakers?
		<input type="checkbox"/> Fuses?
		<input type="checkbox"/> Knob & Tube?
7. When was the plumbing updated?		
a. What percentage of the plumbing was updated?		
b. What material is the plumbing hardware? (you may choose more than one depending on the % updated)		
<input type="checkbox"/> Copper	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other
		<small>Specify:</small>
c. What type of sewer backup protection is present in the house?		
<input type="checkbox"/> Backwater Valve	<input type="checkbox"/> Sump Pump	<input type="checkbox"/> Both
		<input type="checkbox"/> None

8. What is the primary exterior siding on the house?			
<input type="checkbox"/> Stucco	<input type="checkbox"/> Vinyl siding	<input type="checkbox"/> Wood siding	<input type="checkbox"/> Other Specify:
9. What is the main source of heating?		<input type="checkbox"/> Gas	<input type="checkbox"/> Electric <input type="checkbox"/> Other Specify:
a. Is there a wood stove or wood burning fireplace?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. What is the age of the furnace?			
11. What is the age of the hot water tank?			
12. Is there a history of water damage or mold?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Is the area fire hydrant protected? (applies primarily to houses outside of the city) <i>*If yes, indicate approx. distance from house to nearest hydrants*</i>			
14. Is there a home security alarm/system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, is the alarm:		<input type="checkbox"/> Local	<input type="checkbox"/> Monitored
15. Is there an attached or detached garage?		<input type="checkbox"/> Attached	<input type="checkbox"/> Detached <input type="checkbox"/> None
16. Are there any other buildings on the property that are not physically attached to the house?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Insurance Information

Have you had any claims in the past 5 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of previous insurer (if applicable)			
Policy Number (of most recent policy)			

Additional Uses of the House

1. Will the house or property be used for or contain any of the following:

a. Rental units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Number of additional suites/families:		
b. Daycare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. # of children:		
c. Swimming pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Business operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Personal Property

1. Do you have any of the following personal property? (use the space below to identify your valuables)

➤ Jewelry	➤ Cameras
➤ Furs	➤ Electronic Equipment
➤ Silverware	➤ Computer Equipment
➤ Stamps	➤ Musical Instruments
➤ Fine arts	➤ Sports Equipment
➤ Home freezer	➤ Bicycles
➤ Firearms	➤ Tools

Questions and Comments