



SRA Client Homeowners Questionnaire©

Named Insured #01		Named Insured #02	
Date of Birth		Date of Birth	
Social Security #		Social Security #	
Driver's License #		Driver's License #	
Occupation/Employer		Occupation/Employer	
Email and Phone		Email and Phone	
Risk Address			
Mailing (if different)			
Former Address if less than 3 years			

Closing/Effective Date		Current Carrier	
Purchase Price/Current Amount		Number of Mortgagees	
Year of Construction		Year Renovated (if applicable) i.e. plumbing, electrical, heating/cooling systems	
Construction Type		Deductible Preference	
Roof Type		<u>Year Roof was updated</u>	
# of Stories		Living Area Square Footage	

Y N

New Purchase?		
Will renovations take place?*		
Within 1000ft of a hydrant?		
If no, is there an alternative source?		
Within 5 miles of a fire station?		
Central Station Fire Alarm*		
Central Station Burglar Alarm*		
Low Temperature Monitor		
Interior Sprinkler System		
Water flow alarms*		
Gated Community or House (circle1)		
Vacant or Rented to Others**		
Cancelled/Non-Renewed/Denied		
Do you serve on any non-profit boards?		
Plumbing/electrical been updated? ^		
Any physical hazards, i.e. dogs, pools, trampolines? *		
Would you like earthquake Coverage?		
Would you like a flood quote?		
Do you own any additional residences?**		
Do you own any watercraft?^		

*If yes, est. date of completion? _____

Amount spent on renovation? _____

Details? _____

*Alarm Company? _____

*Additional Superior Protection _____

**If rented, is it long term/short term? _____

^If yes, when? _____

Circle One: 60 100 200 amps

*if yes, list details: _____

** List location address: _____

^ Please list: _____

Y N

Will there be any Trusts, Additional Insureds, or LLCs listed on the policy?	Y	N
If yes, is there any business exposure, revenue or employees?		
List name of Trust, LLC or Additional Insured:		

Any losses within last five years?	Y	N	If yes, list dates and details of losses below:
Date of Loss			Description of Loss

Closing Attorney/Mortgage Broker Contact Information

Name	Phone Number	Email	Fax Number

Automobile Carrier		Are we quoting?	Y	N	
Personal Umbrella Carrier		Are we quoting?	Y	N	
Do you have valuables on your current policy or would you like to add a quote for valuables?		Y		N	

Scheduling personal collection items ensures that your luxury items have superior protection in the event of a loss. Benefits include: the choice of blanket or itemized coverage for your individual needs, no deductible, additional coverage for lost, stolen, and mysterious disappearance.

Valuables	Y	N	Blanket	Itemized	Amount	Highest Valued Item Description and Value
Jewelry						
Fine Arts						
Furs						
Silverware						
Cameras						
Coins						
Musical Instruments*						
Collectibles/Stamps**						
Misc^			N/A			

Musical Instruments: Are they used professionally or for profit? **Circle One: Yes No**

Collectibles: What makes up the collection, i.e. wine, memorabilia, etc. _____

Misc. items Description: _____

Y N

Any collection losses within 5 years?		
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Date of Loss	Amount Paid	Description of Loss



Please read, sign and return along with the questionnaire.

“I authorize Schiffman, Remley, & Associates to use my Social Security Number and Date of Birth to obtain loss information and an insurance credit score for quoting purposes.”

Signature _____

