



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?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is there any business exposure, revenue or employees?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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Date of Loss	Amount Paid	Description of Loss





SRA Client Auto Questionnaire ©

Household Information

Name	Date of Birth	License Number	State License Issued	Date First Licensed

Vehicle Information

Number	Year	Make	Model	VIN	Vehicle Extras?
1					
2					
3					
4					
5					
6					

Number	Driven By?	Over 100 miles	Towing		Rental		Collision	Comp
		Away at school?	Y	N	Y	N	Deductible	Deductible
1								
2								
3								
4								
5								
6								

Credits Y N Applies to which drivers

Good Student			
Drivers Training			
Defensive Driving			
AAA			
Any other discounts?			Please list:

Any accidents and/or violations in the last five years? Yes No If Yes, list details below:

Date	State Incident Took Place	Amount Paid	Driver	Description of Loss



SRA Personal Umbrella Questionnaire©

Effective Date		Current Carrier	
Liability Amount		Excess UM Limits	
# of residences owned		# of vehicles owned	
# of corporate vehicles		# of recreational vehicles	
# of watercraft		# of drivers in household	
Current Auto Carrier		Auto Liability Limits	

Residence Locations in addition to Primary Residence

Address	Usage	Pool		Carrier	Underlying Limits
		Y	N		

Drivers (not included on auto quote)

Name	DOB	License Number	State License Issued	Date First Licensed

Vehicles (if not included on auto quote)

Number	Year	Make	Model	VIN
1				
2				
3				
4				

Watercraft

Year	Make	Model	Length	Horsepower	Hull Value	Max Speed

Any recreational vehicles, please list below (i.e. snowmobiles, jetskis, RVs, ATVs, etc)

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Y N

Do you have domestic employees?*		
Has anyone in the HH had allegations made vs. them by a domestic employee in the last five years? **		
Quote EPLI Coverage?		
Non-profit boards/director responsibilities?		
Quote Director/Officers Coverage?		
Cancelled/Non-Renewed/Denied for excess coverage?		
Has anyone in the HH had a personal liability claim vs. them in the last five years? *		

*If yes, how many? _____

**if yes, list details: _____

*If yes, list details: _____

Any homes losses within last five years not listed for primary residence?	Y	N	If yes, list dates and details of losses below:
Date of Loss	Amount Paid		Description of Loss

Any accidents and/or violations in the last five years for additional drivers not listed on auto quote?

Please Circle Yes No If Yes, list details below:

Date	State Incident Took Place	Amount Paid	Driver	Description of Loss

Please read, sign and return along with the questionnaire.

“I authorize Schifman, 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 _____

