

Home Insurance Quote Worksheet

Insured: _____ Date of Birth: _____ Male/Female

Telephone Number: _____ Email Address: _____

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Telephone Number: _____ Email Address: _____

Address: _____ within 300 m of hydrant Y N

_____ within 13 km of firehall Y N

Possession/Renewal Date: _____ No. of years at this residence: _____

Current/Previous Address: _____

Type: Primary Rental Farm Vacant Seasonal

Policy: Broad Comprehensive Deductible \$500 \$1000 Other

Year Built: _____ No. of storeys: _____ Square feet: _____

Style: Detached Side x Side Inside Row Row End

% basement: _____ % finished: _____ % crawlspace: _____ % slab: _____

Exterior Finish: _____ Roof type: _____ Age: _____

Garage: Attached Detached 1 car 2 car 3 car None

Porch: _____ sq ft Open Closed Screened Deck: _____ sq ft

Pool: Y N _____ sq ft Year Built: _____ Fenced: Y N Hot Tub: Y N

Flooring % Hardwood: _____ Ceramic Tile: _____ Vinyl: _____ Carpet: _____ Laminate: _____

Bathrooms (#) 4 piece: _____ 3 piece: _____ 2 piece: _____ Jetted Tub: _____

Custom Bathrooms (#) _____ Kitchens (#) _____ Custom Kitchen: Y N

Special features: Wet Bar Spiral Staircase Skylights French Doors _____

Fireplace (#) Wood: _____ Gas: _____ Wood stove: _____ CSA/ULC Approved?

Central Air: Y N Central Vacuum: Y N HWT (age): _____

Heat Type: GAS ELECTRIC FURNACE BASEBOARD Age: _____

Electrical: Fuses/ Breakers _____ amps Wiring: Copper Aluminum Knob & Tube

Age: _____ If fuses, are they tamper proof? Y N

Plumbing: Copper PVC ABS PEX Age: _____

Sewer Backup: YES DECLINED Amount (\$): _____ Overland Water: YES DECLINED

Sump pump: Y N Age: _____ Automatic Battery Generator Alarmed

BW Valve: Y N Age: _____ Protect catch basin only Protects plumbing and catch basin

Alarm: Y N Monitored: Y N Fire Burglary Low Temperature Reduced Glass: Y N

How many years continuously insured: _____ Claims (last 10 years): _____

Current Insurer: _____ Policy No.: _____

Scheduled Items: _____

Lawyer: _____ Mortgage: _____

Mortgage/Life Insurance: Y N Quote: Y N

Liability Questionnaire:

Rental Properties (#): _____

Building under construction: Y N

Home based business: Y N Type: _____

Acres (#): _____ Hobby Farm: Y N

Residence Employees (#): _____

of weeks rooms rented: _____

of families in residence: _____

Trampoline: Y N

of dogs: _____ Breeds: _____

Saddle Animals (#): _____ Type: _____

Garden Tractor: Y N Unlicensed Recreational Vehicles: Y N

Golf Cart: Y N Motorized Wheelchair: Y N

Smoker Non Smoker Credit Consent: Y N