



Homeowner's / Dwelling Fire — Questionnaire

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Personal Information:

Insured #1: First Name: _____ Last Name: _____ Date of Birth: _____

Marital Status: _____ Occupation: _____ How did you find us? _____

Mailing Address: _____ City _____ State _____ ZIP _____

Telephone Number: _____ E-mail Address: _____

Insured #2: First Name: _____ Last Name: _____ Date of Birth: _____

Marital Status: _____ Occupation: _____ Relation to Insured: _____

How is the property vested: _____

Property Information:

Type of Insurance Requested _____ Year Built: _____ Date you purchased Home: _____

Property Address: _____ City _____ State _____ ZIP _____

Number of Bedrooms: _____ Number of Bathrooms: Full _____ 3/4 _____ 1/2 _____ Number of Fireplaces: _____

Dwelling Type: _____ Garage Description: _____ How Many Stories: _____

Total Square Footage: _____ Construction Type: _____ Foundation Type: _____

Energy Source: _____ If other, describe: _____

Interior Automatic Fire Sprinklers: _____ Theft Alarm: _____ Fire Alarm: _____

Roof Type: _____ Roof Updated? _____ ; If Yes, what year? _____

Does the dwelling have a pool?	Yes	No	If yes, is it fenced?	Yes	No
Is there a diving board?	Yes	No	Is there a slide?	Yes	No
Does the dwelling have a trampoline?	Yes	No	If yes, with full net?	Yes	No
			Anchored to ground?	Yes	No

Dwelling occupied by (owner, tenant, vacant, etc.): _____

Is the dwelling near brush? Yes No If Yes, how far: _____

Dwelling have a Homeowners Association? Yes No Fire Extinguisher? Yes No

Smoke Alarm? Yes No Deadbolts? Yes No

Electrical Updates?; Yes No If yes, what year: _____

Circuit Breakers? Yes No

Copper Wiring? Yes No If No, what type: _____

Central Heating? Yes No If Updated, what year: _____ Type: _____

Air Conditioning? Yes No If Updated, what year: _____ Replaced

Thermostat Controlled Heat / Air? Yes No

Water Heater Strapped Down? Yes No Age of Water Heater: _____

Plumbing Updated? Yes No If Yes, what year? _____ Full Partial

Copper Plumbing? Yes No If No, what type? _____

Replacement Cost Information:

Interior Wall Finish (percentage):

- % Paint
- % Millwork (Special wood work)
- % Paneling
- % Wallpaper
- % Mirror
- % Tile

Interior Features (Number of):

- # Atrium Door (Glass center)
- # Specialty Window (Picture, Bay, Bow, etc.)
- # Stained Glass
- # _____.
- # Shutters
- # Skylight

Ceiling Finish (percentage):

- % Drywall - Textured
- % Tongue and Groove
- % Wood
- % Metal
- % Mirror
- % Recessed Lighting # _____
- % Plaster
- % _____
- % _____

Flooring Finish (percentage):

- % Carpet
- % Hardwood
- % Laminate
- % Slate
- % Stone
- % Tile (ceramic, marble, mural, terrazo)
- % Vinyl
- % Linoleum
- % _____.

Other Interior Items:

- # French Door(s)
- # Hot Tub / Jacuzzi
- # Sauna
- # Spiral Staircase
- # Wet Bar
- # Elevator
- # Lift (chair or wheelchair)
- # Built-in Cabinetry/Shelving

Detached Structures (Number of):

- # Basketball Court
- # Cabana
- # Gazebo
- # Hot Tub / Jacuzzi
- # Shed
- # _____.
- # Swimming Pool
- # Tennis Court

Exterior Walls (percentage):

- % Stucco on Frame
- % Siding, Wood
- % Shakes, Wood
- % Concrete Block
- % Stone, Solid
- % Stone on Frame
- % Brick, Solid
- % Brick on Frame

Exterior Features (Number of):

- # Atrium Door (Glass center)
- # Specialty Window (Picture, Bay, Bow, Stained Glass, etc.)
- # Skylights
- # Solar Panel(s)
- # Shutters
- # Sliding Glass Doors
- sq. ft. Synthetic Grass

Miscellaneous Information:

Current Insurance Company: _____
Expiration Date of Current Policy: _____ Current Premium: \$ _____

Number of Losses or Claims in the last 5 years?

If yes, list Date, Amount Paid & Description of **Each** Loss or Claim:

Any Dogs on the Property? Yes No

If yes, list Number & the Breed(s) of **Each** Dog (Clarify if Mixed Breed):

Have your dogs ever bitten someone? Yes No

Coverage Information:

Dwelling Amount (Coverage A) _____
Other Structures (Coverage B) _____
Personal Property (Coverage C) _____
Loss of Use (Coverage D) _____
Premise Liability (Coverage E) _____

Policy Deductible: _____

Earthquake Deductible, if selected: _____

Scheduled Personal Property: (Please provide a description of each item to be scheduled including year, make, model, ID or S/N (if applicable), and its value. Current appraisals may be required.

Description: _____ Value: \$ _____

Description: _____ Value: \$ _____

Description: _____ Value: \$ _____

Comments to the Agent: