



SMA Insurance Group, Inc.
Solutions for life's ifs and whens

HOMEOWNERS QUESTIONNAIRE

Please provide the following information for an accurate premium indication

Name: _____ Address: _____

Phone Number: _____ E:Mail: _____ Effective Date: _____

Year Built: _____ Number of Stories: _____ Total Sq. Ft. _____ Sq. Ft. of Main Floor: _____

Basement: Yes _____ No _____ Sq. Ft. of Basement: _____ % of Basement Finished: _____

Type of Exterior: _____ Type of Roof: _____ Age of Roof: _____

Type of Heat: _____ Age of Source: _____ Central Air: Yes ___ No ___

Fireplaces: Yes _____ No _____ If Yes, # Gas _____ Wood _____ Electric _____

Any Woodstoves or Pellet Stoves: Yes _____ No _____ If Yes, Location: _____

Age of Electrical System: _____ Circuit Breakers: Yes _____ No _____

Plumbing Updates: Yes _____ No _____ # of Bathrooms: Full _____ Half: _____

of Decks: _____ Dimension: _____ Material: _____

of Porches: _____ Open: ___ Closed ___ Screened ___ Dimensions: _____

Pool: Yes ___ No ___ Depth: _____ Fenced: Yes _____ No _____ Slide/Diving Board: Yes _____ No _____

Garage: Yes _____ No _____ If Yes, Attached _____ Detached _____ # of Cars _____

Detached Structures: Yes _____ No _____ If yes, please complete supplement

Any Dogs: Yes _____ No _____ If Yes, Number and Breed: _____

Security System: Yes ___ No ___ If Yes, Central Station: Yes _____ No _____

of Feet to Nearest Fire Hydrant: _____ Distance to Nearest Fire Department: _____

Any Recreational Vehicles: Yes _____ No _____ If Yes, please complete supplement

Any Scheduled Jewelry, Fire Arms, Art: Yes: _____ No: _____ If Yes, Please complete supplement

Umbrella Quote: Yes _____ No _____ If Yes, Limit: _____

Name & Expiration Date of Current Carrier: _____

Have a Mortgage: Yes _____ No _____ If Yes, Name & Address: _____

Purchasing Home: Yes: ___ No ___ If Yes, Closing Date: _____ Purchase Price: _____

Have you had any losses in the past 5 years? _____

E-Mail: completed form to sara@wisconsininsurancecenter.net

HOMEOWNERS SUPPLEMENT

Please complete the following for and Detached Structures and/or Recreational Vehicles

Detached Structures

(Garages, Pole Buildings, Guest House, Sheds, Fences, Gazebos, etc.)

Structure Type: _____

Year Built: _____ Construction Type: _____ Dimensions: _____ Value: _____

Structure Type: _____

Year Built: _____ Construction Type: _____ Dimensions: _____ Value: _____

Structure Type: _____

Year Built: _____ Construction Type: _____ Dimensions: _____ Value: _____

Recreational Vehicles

(ATV, UTV, Snowmobile, Boat, Golf Carts, Motors, Trailers)

Type: _____

Year: _____ Make: _____ Model: _____ VIN: _____ Value: _____

Horsepower/CC's: _____

Type: _____

Year: _____ Make: _____ Model: _____ VIN: _____ Value: _____

Horsepower/CC's: _____

Type: _____

Year: _____ Make: _____ Model: _____ VIN: _____ Value: _____

Horsepower/CC's: _____

Scheduled Items

(Jewelry, Fire Arms, Collectibles, Art, Musical Instruments)

Type: _____ Value: _____

Type: _____ Value: _____

Type: _____ Value: _____