



Homeowners Questionnaire

Name: _____ DOB: _____ Occupation: _____

Spouse's Name: _____ DOB: _____ Occupation: _____

Home #: _____ Cell #: _____ Email: _____

Address: _____

Name of Trust: _____

Number of Pets: _____ Breeds: _____

Any Business Conducted on the Premises? _____

Any Claims or Losses in the Past 3 years? _____

Is the home within 1/2 mile of any brush? _____ Is or will the home be vacant? _____

Is the home for sale? _____ Is the home being remodeled? _____

Current Insurer: _____ Expiration Date of Current Policy: _____

Current Coverage A Amount: _____ Current Premium: _____

Purchase Date of Home: _____ Year Built: _____ Square Footage: _____

Number of Stories: _____ Roof Type: _____ Age of Roof: _____ Type of Frame: _____

Attached, Detached, or Built-In Garage? _____ Size of Garage (1, 2, or 3 Cars) _____

Number of Fireplaces: _____ Number of Full Baths: _____ 1/2-Baths _____ 3/4-Baths _____

Central Heating & Air: _____ Date Last Serviced or Updated: _____

Plumbing Copper or Galvanized? _____ Date Last Serviced or Updated: _____

Circuit Breakers or Fuses? _____ Date Last Serviced or Updated: _____

Slab, Crawlspace, Basement or Stilts Foundation?: _____

Is the Foundation Bolted and/or Cripple Walls Braced with plywood? _____

Auto Gas Shut-off Valve: _____ Is there a Homeowners Association? _____

Pool or Jacuzzi? _____ Height of Fence: _____ Trampoline on Premises: _____

Central Alarm?: _____ (**Burglar and/or Fire**) Alarm Company: _____ Inside Sprinklers? _____

Any Scheduled Personal Property (Jewelry, Fine Arts, etc.) _____

Is the home a **Foreclosure** (Inspection Report will be needed if yes): _____

Current Auto Insurance Carrier: _____

Condo Policies only:

What amount of Coverage is needed for Personal Property? (min. of \$50,000) _____

REV 06/13/08

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