



Historic Home Questionnaire

Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

Occupation/Employer: _____

Social Security #: _____ DOB: _____

Proposed Effective Dates: _____

Address of Property to be insured: _____

Year Built: _____ Square Footage (not including basement): _____

Home is: _____ Style of Home: _____

Exterior Construction: _____ Roof Construction: _____

Age of Roof: _____ Number of Stories: _____

Has the electric, plumbing, and heating been updated?

If yes, what year was the electric updated? _____ Describe Electric: _____

If yes, what year was the plumbing updated? _____ Describe Plumbing: _____

If yes, what year was the heating updated? _____ Describe Heating: _____

Does your home have a centrally monitored burglar/fire alarm system?

Number of Miles to Closest Fire Department: _____ Number of Feet to Closest Fire Hydrant: _____

Additional Coverages (if applicable):

Current Insurance Carrier: _____

Current Dwelling Limit: _____ Deductible: _____

Purchase Price of Home: _____ Date Purchased: _____

Have there been any paid claims in the past 3 years?

Have you ever been or are you currently being cancelled, declined, or non-renewed?

Are you interested in an automobile or umbrella quote?

Are you currently a member of the National Trust for Historic Preservation?

Additional Notes:

