

# ERLANDSON INSURANCE AGENCY

## HOMEOWNER INSURANCE QUESTIONNAIRE

NAME \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
PROPERTY LOCATION \_\_\_\_\_  
PREVIOUS ADDRESS (IF YOU HAVE MOVED IN LAST 2 YEARS) \_\_\_\_\_  
HOME TELEPHONE NUMBER \_\_\_\_\_ WORK OR CELL NUMBER \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**\*\*IT IS MOST HELPFUL IF YOU SHOW US A COPY OF YOUR CURRENT POLICY INFORMATION\*\***

1. Approximate year your home was built: \_\_\_\_\_  
Primary Home \_\_\_\_\_ Secondary Home \_\_\_\_\_ Rental \_\_\_\_\_ Vacant \_\_\_\_\_ Under Construction \_\_\_\_\_
2. Square footage of main floor: \_\_\_\_\_ and upper story: \_\_\_\_\_
3. Are there any garages? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, is it Detached \_\_\_\_\_ Attached \_\_\_\_\_ Carport \_\_\_\_\_  
How many cars does it hold? \_\_\_\_\_
4. Are there any other buildings on your property? \_\_\_\_\_ If yes, what are they and what are their dimensions and use?  
\_\_\_\_\_
5. What is the construction of your home? Frame \_\_\_\_\_ Masonry \_\_\_\_\_ Mobile Home \_\_\_\_\_ Log \_\_\_\_\_ Manufactured \_\_\_\_\_
6. What type of siding is on your home? Wood \_\_\_\_\_ Vinyl \_\_\_\_\_ Rock \_\_\_\_\_ Other \_\_\_\_\_
7. Are there any: Porches \_\_\_\_\_ Decks \_\_\_\_\_ Balconies \_\_\_\_\_ Breezeways \_\_\_\_\_  
What are the dimensions? \_\_\_\_\_
8. How many stories is your home?: 1 \_\_\_\_\_ 1 ½ \_\_\_\_\_ 2 \_\_\_\_\_ 2 ½ \_\_\_\_\_ Bi-Level \_\_\_\_\_ Tri-Level \_\_\_\_\_
9. Do you have a basement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, is it: Daylight \_\_\_\_\_ Conventional \_\_\_\_\_ Walkout \_\_\_\_\_  
What are the dimensions? \_\_\_\_\_  
What percentage is finished? \_\_\_\_\_
10. What is your primary heat source? Oil Furnace \_\_\_\_\_ Propane \_\_\_\_\_ Electric \_\_\_\_\_ Other \_\_\_\_\_  
Is it a central system or controlled by thermostats in each room? \_\_\_\_\_
11. If you have a wood stove, what brand is it? \_\_\_\_\_  
Was it professionally installed? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is the chimney cleaned annually? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Do you have a fireplace? Yes \_\_\_\_\_ No \_\_\_\_\_ Is it constructed of: Rock \_\_\_\_\_ Brick \_\_\_\_\_  
Is it fueled by: Gas \_\_\_\_\_ Wood \_\_\_\_\_ Pellets \_\_\_\_\_
13. Do you have: Smoke Alarms \_\_\_\_\_ Fire Extinguisher \_\_\_\_\_ Deadbolt Locks \_\_\_\_\_
14. How many bathrooms are in your home? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ Other \_\_\_\_\_
15. What percentage of your floors are: Carpet \_\_\_\_\_ % Vinyl \_\_\_\_\_ % Tile \_\_\_\_\_ % Hardwood \_\_\_\_\_ % Other \_\_\_\_\_ %
16. What percentage of your walls are: Paint only \_\_\_\_\_ % Wallpaper \_\_\_\_\_ % Paneling \_\_\_\_\_ % Other \_\_\_\_\_ %
17. Please circle any of the following features that you have in your home: Den, Dining Room, Exercise Room, Family Room, Laundry Room, Larger Foyer, Office, Master Bedroom/Bathroom Combination, Hardwood Trim, Hardwood Cabinetry, Round Top Windows, Hot Tub, Swimming Pools, Trampolines, French/Sliding Doors, Skylights. Any other specialty items?  
\_\_\_\_\_
18. What type of roof do you have? Tin \_\_\_\_\_ Corrugated Steel \_\_\_\_\_ Composition \_\_\_\_\_ Wood Shake \_\_\_\_\_ Other \_\_\_\_\_
19. If your home is over 20 years old, when were the following updated (month/year)? Partial or complete updates?  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_ Wiring - P or C \_\_\_\_/\_\_\_\_/\_\_\_\_ Plumbing - P or C \_\_\_\_/\_\_\_\_/\_\_\_\_ Heating - P or C \_\_\_\_/\_\_\_\_/\_\_\_\_ Roof - P or C
20. Do you have a: Fuse Box \_\_\_\_\_ Circuit Breaker Box \_\_\_\_\_
21. Have you had any previous losses? No \_\_\_\_\_ Yes \_\_\_\_\_ Type/Amount \_\_\_\_\_
22. Current Insurance Company and Policy # \_\_\_\_\_ Date Policy Expires \_\_\_\_\_
23. Do you have any valuable personal property that you need scheduled? (such as Antiques, Jewelry, Guns, or Fine Arts)  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, type and amount of property: \_\_\_\_\_

24. Do you need liability extended to any other home or recreational vehicle you own? Yes \_\_\_ No \_\_\_  
If yes, what are they and where are they located? \_\_\_\_\_
25. How many acres is your property? \_\_\_\_\_
26. Do you own any animals? Yes \_\_\_ No \_\_\_ If yes, describe: \_\_\_\_\_
27. Is there a business in your home? Yes \_\_\_ No \_\_\_ If yes, describe: \_\_\_\_\_
28. Names of fire department protecting your home: \_\_\_\_\_
29. Road miles to nearest fire station: \_\_\_\_\_ Feet to nearest hydrant: \_\_\_\_\_
30. What is your occupation and # of years with current employer? \_\_\_\_\_
31. What is your level of education? \_\_\_\_\_
32. Month/year your home was purchased: \_\_\_\_\_
33. Do you have a mortgage on your home? \_\_\_\_\_
34. Where did you hear about our agency?  
Radio \_\_\_ Western News \_\_\_ Kootenai Valley Record \_\_\_ Montanian \_\_\_  
Friend/Relative \_\_\_ if so, may we ask who referred you? \_\_\_\_\_

**MONTANA NOTICE OF INFORMATION PRACTICES (PRIVACY)**

**AUTHORIZATION TO COLLECT AND DISCLOSE PERSONAL OR PRIVILEGED INFORMATION**

In connection with my application for insurance to the company shown above, I hereby authorize you to collect and disclose personal, privileged information about me, by and to consumer reporting agencies, your authorized representatives, assignees, agents and affiliates. The information collected and disclosed extends to my credit standing, credit worthiness, credit capacity, personal characteristics and mode of living. This authorization is effective for the applicable time limit enumerated below. I understand that I am entitled to receive a copy of this authorization, and upon request, a record of any subsequent disclosure of personal information that must include the name, mailing address and institutional affiliation of the party to which the information was disclosed as well as the date of the disclosure, and to the extent practicable, a description of the information being disclosed. This authorization remains valid for:

- Thirty (30) months if signed in connection with an application for Life, Health or Disability Insurance.
- One (1) year if signed in connection with an application for Property or Casualty Insurance.
- The term of coverage of the policy if signed in connection with a Health Insurance Claim.
- The duration of the claim, if the claim is not for a Health Insurance benefit.

\_\_\_\_\_  
APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE DATE

\_\_\_\_\_  
DATE OF BIRTH SOCIAL SECURITY NUMBER

\_\_\_\_\_  
CO-APPLICANT SIGNATURE DATE

\_\_\_\_\_  
DATE OF BIRTH SOCIAL SECURITY NUMBER

**IMPORTANT NOTICE**

Flood insurance is available under the National Flood Insurance Program (NFIP) in over 18,000 communities nationwide. It provides coverage for residential and non-residential buildings and their contents, in both high risk as well as low risk areas. Historically, about one quarter of all losses under the NFIP are in low risk areas.

The standard homeowners or commercial property insurance policy typically excludes or does not otherwise provide coverage for flooding events. Purchasing separate flood insurance coverage will allow covered flood losses to be adjusted in a similar manner as losses from other perils in other property policies. Flooding is the largest single cause of natural disaster loss and damage in many states.

The Federal Emergency Management Agency (FEMA) advises that although federal disaster relief assistance is sometimes available after a flood, such financial assistance is typically in the form of a loan and must be repaid to the Government in addition to any other outstanding loans.

As your insurance representative, we strongly recommend that you purchase flood insurance.

**VOLUNTARY ELECTION NOT TO PURCHASE FEDERAL FLOOD INSURANCE**

I understand that flood insurance coverage is available for the property located at the address below, but I hereby elect not to purchase such coverage.

I also understand that my rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address of Property \_\_\_\_\_  
\_\_\_\_\_

Producer \_\_\_\_\_ Date \_\_\_\_\_