

EAGAN INSURANCE AGENCY, LLC. Homeowners Questionnaire

PERSONAL DATA

Name: Occupation: Current Address: DOB: City: SS#: State Zip: Contact order 1, 2, or 3 Fax Number: Home Phone: Cell Phone: E-mail: Insured's highest level of education completed: Smoker? Are you a first time home buyer? Have you ever filed bankruptcy? Prior insurance company name, policy number and expiration date: How many years insured with current homeowner carrier? Have you had any claims at your current residence? Explain: Has coverage ever been cancelled or non-renewed? Explain:

SPOUSE/CO-APPLICANT DATA

Name: Occupation: DOB: SS#: Smoker?

COVERAGE INFORMATION

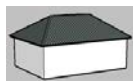
Effective Date: Expected Closing Date: Address to be insured: Purchase Price: City: Will you move in within 30 days? State: Zip: Any claims within the last 5 years on the property being purchased? Please explain: Any unrepaired damage? Planned occupancy: Owner: Tenant: Vacant: Secondary Home: HO3 HO6 HO4

GENERAL PROPERTY INFORMATION

Building Information: YEAR BUILT Building Coverage Limit: Contents Limit: Other Structure Limit: (Check one) Single Family: Duplex: Tri-Plex: Four-Plex: Condo: Townhouse: # of Stories: Sq. footage of living space: # Bedrooms: # Bathrooms: Electrical: Fuses? Circuit breakers? Is home on more than 5 acres? Year hot water heater(s) replaced: Has home been gutted?: If yes, year done Has home been renovated?: If yes, year done If Condo, Townhouse or Apt: # of Stories in Building: # of Units in Building: What floor is unit on? Construction: Masonry Masonry Veneer Frame Siding - specify type - Aluminum, Wood, Vinyl Asbestos, etc. Modular? Fire Resistant? Slab? Raised? How high? Enclosed? If yes, with what type material? Willing to enclose? Roof: Age of roof: Gable or Hip?* (See below) Flat? Hurricane strapped? Roof Material: Asphalt Slate Other: No. of roof overlays:



*Gable Roof



*Hip Roof

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GENERAL PROPERTY INFORMATION (CONTINUED)

Current electrical material: Copper _____ Aluminum _____ Romex _____ Knob & Tube _____ Year fully updated _____
Year partially updated _____
Current plumbing material: Copper _____ PVC _____ Terracotta _____ Galvanized _____ Year fully updated _____
Year partially updated _____

Protective Safeguards:

Distance to fire hydrant: _____ Distance to fire station: _____
Working alarm? _____ Do you have: Smoke detector(s) _____
Fire Local _____ Monitored _____ Burglar Bars? _____ Fire extinguisher(s) _____
Burglar Local _____ Monitored _____ Inside releases? _____ Deadbolt lock(s) _____
Gated Community? _____ Hurricane Shutters? _____ Backup Generator? _____

Other Information:

Wood burning stove? _____ Central Air/Heat? _____ Elec? _____ Gas? _____ Year fully updated _____
Year partially updated _____
Other: _____
Floor Furnace – Year replaced or updated _____ Wall _____ Space Heater(s) _____ (Describe) _____
Fireplace(s) _____ Wood burning _____ Brick Chimney _____ Metal Chimney _____ Gas _____
Floor Covering % Carpet% _____ Ceramic% _____ Wood% _____ Vinyl% _____ Other% _____
Wall Covering % Paint% _____ Wallpaper% _____ Paneling% _____ Other% _____
If Porch(es): Sq. ft.? _____ Wooden deck? _____ If Covered Patio: Sq. ft.? _____
Carport? _____ Attached? _____ # Vehicles _____ Garage? _____ Attached? _____ # Vehicles _____
Any other detached structures? _____ Type of structure _____

Additional Features: Ceiling height: _____ Jacuzzi tub: _____ Bay window: _____ Picture window: _____
Cathedral ceiling: _____ Wet bar: _____ Sliding glass door: _____ French door: _____
Do you have a pool? _____ Diving board? _____ Slide? _____ Above ground? _____
Fence with self-locking gate? _____ Trampoline? _____ Any ATV on premises? _____

ANIMALS OR PETS

Predominant breed (CANNOT use "mutt" or "mixed breed") _____
Do you have a dog? _____ Any exotic pets? _____
Any other animals? _____ Describe: _____

MISCELLANEOUS INFORMATION

Any items that need to be scheduled? _____ Describe: _____
Any business conducted on premises? _____ Describe: _____
Any additional residences for liability? _____ Location: _____
Flood Zone: _____ Flood Policy #: _____ Flood Company: _____

IF YOU ARE NOT IN A "B", "C" OR "X" FLOOD ZONE, PLEASE INCLUDE COPY OF YOUR FLOOD ELEVATION CERTIFICATE.

Auto Insurance Company _____ Policy # _____ Any prior liability claims for home or auto? _____

FOR AGENCY USE ONLY

AE: _____
Date given to Quote Dept.: _____
Producer: _____
Date quote needed by: _____
Notes: _____

I have spoken to the insured and verified the information in this application.

Producer Signature: _____ Date: _____