

SOUTH COAST INSURANCE Homeowners Questionnaire

What year was the home built?	Is there a mortgage on the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
When does your current policy expire?	Any claims in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Ever been cancelled or renewal refused by an Insurance Company with the last 5 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If it is more than 25 years old, have any of the following been updated? Indicate when.					
<input type="checkbox"/> Roof:	<input type="checkbox"/> Heat:	<input type="checkbox"/> Electrical:	<input type="checkbox"/> Plumbing:		
Is the home attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there an apartment?		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the home occupied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many families live in the house?		
Unique Access (e.g. island, remote/northern location)?					
Total square footage (finished/living area, not including basement):					
Style of home:		Number of storeys:			
Roof material type:		Foundation type:			
Finished basement / recreation room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what size?		
Exterior wall finish:		Interior wall height:			
Material types (e.g. floors, ceilings, wall surfaces):					
Number of kitchens and quality of finishes:					
Number of bathrooms (specify full or half):					
Is there a garage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is it attached?		
			Number of cars?		
Is the garage heated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, source of heat?		
Is there a porch or deck?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what size?		
Whirlpools or saunas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Built-in ovens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Built-in stoves?		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Central Vacuum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Air / Heat Exchanger?		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Alarm Systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sky Lights?		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Swimming Pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, is it above ground? What material?		
Main source of heat?					
Is there a wood stove?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Professionally Installed?		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a fireplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type of fireplace?		
Is there a chimney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If brick, is it lined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oil Tank on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is it located outdoors? What age?		
Is it above ground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Distance to nearest hydrant (km)?		Distance to nearest fire hall (km)?			
Any business activity conducted on premises?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		