

G. Loeber Insurance Agency

22 New Jersey Avenue Suite 3, Absecon, NJ 08201

Phone: (609) 383-3477 Fax: (609) 383-3438

Homeowner Insurance Questionnaire

1.) Name: _____ Social Security# _____

2.) Property Address: _____

3.) DOB: ___/___/___ PHONE: () _____ - _____

4.) Mortgage Company:

Name: _____

Address: _____ Phone: () _____

Loan# _____

5.) Requested Effective date: ___/___/___ Amount of coverage: \$ _____

6.) How long have you owned your home? _____

7.) Owner/Principle Residence: Y/N Owner Seasonal/Secondary: Y/N

Sq ft.: _____ Year Built: _____

8.) Updates (year): wiring: _____ plumbing: _____ roof: _____

9.) Construction Type: ___ Frame ___ Masonry ___ Row Home ___ Condo

Type of Roof: _____ Source Heat: Gas/Electric # of stories _____

Pool: Y/N Animals: Y/N # of Families: _____

10.) Currently Insured: Y/N (If not please briefly explain to agent)

11.) Were you ever cancelled for non-pay? Y/N

12.) Has coverage lapsed for over 30 days? Y/N

13.) Who is your previous insurance carrier? _____

Thank you for providing the above information as this will better enable agents to access your needs in placing coverage with a carrier specific to your auto insurance needs.

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Signature _____ Date: ___/___/20___