

HAUSMANN – JOHNSON INSURANCE

Lifestyle Questionnaire

General Information

First Named Insured		Birth date:	
Second Named Insured		Birth date:	
Home		Work	Cell
Address		Primary Email	
City	ST	Zip	Other Email
Occupation of First Named Insured		Occupation of Second Named Insured	
Employer		Employer	
Educational Experience		Educational experience	
Do you have any relatives who reside in an Assisted Living Facility		How did you hear about our agency?	
Do you operate a business out of your home? If yes, please describe the nature of your business.			
Do you have any pets? If Yes, what type/breed?		Have you had to file for bankruptcy in the last 5 years	

Prior Insurance Information

Current Homeowners Carrier		Expiration		Annual Premium	
Current Dwelling Limit		Deductible		Liability Limit	
Current Automobile Carrier		Expiration		Annual Premium	
Current Liability Limits		Comp Deductible		Coll Deductible	

Additional Notes or Facts to be Aware of?

HAUSMANN – JOHNSON INSURANCE

Lifestyle Questionnaire

Homeowners Information									
Year of Construction		Year Purchased		Construction Type		Number of Stories			
Home Type				Siding Material		Roof Material			
Square Footage	Basement Square Footage				Percentage Finished		Sq. Ft of Porch/Deck		
Number of Bedrooms		Number of ½ Baths		Number of Full Baths		Number of Car Garage		Number of Fire Places	
Miles to Fire Dept.?		Feet to Fire Hydrant?		Name of Responding Fire Department?					
Home Updates – Please provide the year (if any)									
Electrical System?		No. of Amps?		Plumbing System?		Heating or Air Conditioning?		Roof?	
Other Items in Home or on Property:									
Any other structures?		Swimming Pool?		Trampoline?		Alarm System?		Woodburning Stove?	
Mortgage Information									
Is there a mortgage?		Contact Person:				Phone:			
Bank Name:						Fax:			
Address						Email:			
City			ST		Zip		Loan Number:		
Do you have any ATVs, Snowmobiles, Golfcarts, RVs? If yes, Please provide a brief description of the item, approximate value and its use.									
Do you have any items of high value (over \$2,500 for any one piece), such as jewelry, fine arts, furs, silverware, coins, guns, etc.? If yes, please provide a brief description of the item and its approximate value.									
Please check the box for any of the following coverages you are interested in receiving quotes for:									
Water/ Sewer Backup	<input type="checkbox"/>	Loss Assessment Coverage	<input type="checkbox"/>	Flood Insurance	<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>		
Identity Theft	<input type="checkbox"/>	Boiler & Machinery breakdown	<input type="checkbox"/>	Umbrella Liability	<input type="checkbox"/>	Disability Insurance	<input type="checkbox"/>		
Have you had any claims against your homeowner policy within the last 5 years? If so, please provide the date of loss, a brief description and the approximate amount paid out on the claim.									

HAUSMANN – JOHNSON INSURANCE

Lifestyle Questionnaire

Automobile Information

Household Member Information (Licensed and Unlicensed)

Name	Drivers License	Birth date	Any Violations in Past 5 Years?

Rental Car Reimbursement Coverage Desired?		Is Gap Coverage Desired? Please indicate below
Is Towing and Labor Coverage Desired?		Is New Car Replacement Coverage Desired?

Vehicle Information

Year	Make	Model	VIN	Liability	Comp	Coll	Use	Driver

Watercraft Information

Boats

Year	Make	Model	Hull ID	Value	Boat Type	Length	HP	Max Speed

Engines

Engine attached to:	Year	Make	Model	Serial Number	Value	HP

Trailer

Trailer for:	Year	Make	Model	Serial Number	Value	Length

HAUSMANN-JOHNSON INSURANCE

Lifestyle Questionnaire

Secondary Home Information													
Address						City				ST		Zip	
Year of Construction			Year Purchased			Construction Type				Number of Stories			
Home Type				Siding Material				Roof Material					
Square Footage			Basement Square Footage			Percentage Finished			Sq. Ft of Porch/Deck				
Number of Bedrooms		Number of ½ Baths		Number of Full Baths		Number of Car Garage		Number of Fire Places					
Miles to Fire Dept.?		Feet to Fire Hydrant?		Name of Responding Fire Department?									
Home Updates – Please provide the year (if any)													
Electrical System?		No. of Amps?		Plumbing System?		Heating or Air Conditioning?			Roof?				
Other Items in Home or on Property:													
Any other structures?		Swimming Pool?		Trampoline?		Alarm System?		Woodburning Stove?					
Mortgagee Information													
Is there a mortgage?		Contact Person:				Phone:							
Bank Name:						Fax:							
Address						Email:							
City			ST		Zip			Loan Number:					
<p>Have you had any claims against your homeowner policy within the last 5 years? If so, please provide the date of loss, a brief description and the approximate amount paid out on the claim.</p>													