



American Indian Insurance Services
HOMEOWNERS INSURANCE QUESTIONNAIRE

Today's Date: _____

DOB: _____

Insured's name _____

Property address _____

City, state, zip _____

Employed: Yes or No _____ Employer: _____ Type of Business: _____

Limits desired: Dwelling _____ Other Structures _____ Liability _____ Other _____

Day phone _____ Evening Phone _____ Cell _____

Email address _____

Would you like a quote for Earthquake Insurance? Yes or No _____ How many stories? (Circle one) 1 2 3

Structure Type: Apartment Condo Townhouse Primary Residence Secondary Residence
 Other, please specify _____

Square Footage of your Home: _____ Car Garages: 1 2 3 4 Detached Attached

Type of Roof: Slate Metal Wood Shake Flat Tar & Gravel
 Flat Membrane Flat Composite Tile

Heating and Air Conditioning: Central Room Electrical System: Circuit Breakers Fuses

Distance to Hydrant: _____ Distance to Fire Station: _____

Type of Foundation: _____ Year Purchased: _____

Domestic Worker in the home 20 hours a week or more.

Have you had any losses? Yes or No If yes, please specify what type of loss the date of the loss or losses and the amount paid out for each loss:

BUSINESS ACTIVITIES

Is there any business activities operated out of your home? Yes No

If yes, please describe.

- | | |
|--|--|
| <input type="checkbox"/> Babysitting or child care | <input type="checkbox"/> Hair or nail salon |
| <input type="checkbox"/> Piano Lessons | <input type="checkbox"/> Home-based office for _____ |
| <input type="checkbox"/> Produce stand or garage/ yard sales | <input type="checkbox"/> Other: _____ |

Comments or details on home- based business activities:

IMPROVEMENTS & UPGRADES

Have you made any recent improvements or upgrades to your home? Yes No

If yes, please describe.

- | | |
|--|--|
| <input type="checkbox"/> Kitchen _____ | <input type="checkbox"/> Bathroom _____ |
| <input type="checkbox"/> Heating or air conditioning _____ | <input type="checkbox"/> Plumbing _____ |
| <input type="checkbox"/> Electrical _____ | <input type="checkbox"/> Roof _____ |
| <input type="checkbox"/> Windows _____ | <input type="checkbox"/> Patio or deck _____ |

<input type="checkbox"/> Garage or carport _____ <input type="checkbox"/> Swimming pool _____ Comments or details on home improvement or upgrades: _____ _____	<input type="checkbox"/> Addition or extension _____ <input type="checkbox"/> Other: _____ _____
---	--

VALUABLE POSSESSIONS
 Do you own or lease any of the following? Yes No

<i>If yes, please describe</i>	Est. Value:			Est. Value:
<input type="checkbox"/> Boat	_____	<input type="checkbox"/> Silver/ Silverware		_____
<input type="checkbox"/> Fine Art	_____	<input type="checkbox"/> Furs		_____
<input type="checkbox"/> Jewelry	_____	<input type="checkbox"/> Snowmobile		_____
<input type="checkbox"/> Computer and software	_____	<input type="checkbox"/> Collectibles		_____
<input type="checkbox"/> Firearms	_____	<input type="checkbox"/> Cell Phone or Pager		_____
<input type="checkbox"/> Golf cart or other RV	_____	<input type="checkbox"/> Other: _____		_____

Comments or details on valuable possessions: _____

SECURITY INFORMATION
 Which alarms do you have installed in your home?

<input type="checkbox"/> Smoke alarms on each floor	<input type="checkbox"/> Hard- wired with battery backup	<input type="checkbox"/> Has batteries only
<input type="checkbox"/> Fire alarms	<input type="checkbox"/> Notifies a central station	<input type="checkbox"/> Local alarm only
<input type="checkbox"/> Burglar alarm	<input type="checkbox"/> Notifies a central station	<input type="checkbox"/> Local alarm only
<input type="checkbox"/> I have deadbolts on all exterior doors.		
<input type="checkbox"/> Other security devices _____		

MISCELLANEOUS INFORMATION
 Check the following boxes only if your answer is yes.

<input type="checkbox"/> I have a wood- burning stove or a similar secondary heating unit. <input type="checkbox"/> I own one or more rental properties. <input type="checkbox"/> I have a swimming pool or trampoline. <input type="checkbox"/> I have _____ dogs on my property <input type="checkbox"/> I employ domestic help such as a baby- sitter, gardener, maid, etc. <input type="checkbox"/> I have a diving board.	Describe _____ If yes to pool is it fully fenced in? <input type="checkbox"/> Yes <input type="checkbox"/> No Breeds of dogs: _____ Describe _____
---	---

EXTRA PROTECTION
 Check off the extra coverages on which you would like information

<input type="checkbox"/> Automobile insurance <input type="checkbox"/> \$1,000,000 umbrella policy (or higher) <input type="checkbox"/> Business insurance: <input type="checkbox"/> Home-based <input type="checkbox"/> Other <input type="checkbox"/> Low- cost term life insurance <input type="checkbox"/> Health insurance <input type="checkbox"/> Retirement planning <input type="checkbox"/> Identity-Theft <input type="checkbox"/> Other: _____	<input type="checkbox"/> Boat insurance <input type="checkbox"/> Flood insurance <input type="checkbox"/> College savings plans <input type="checkbox"/> Personal income protection <input type="checkbox"/> Long- term <input type="checkbox"/> Motorcycle, RV, snowmobile or golf cart
---	---

I am interested in the information on the above protection. Please contact me by...
 Email Regular mail Home Phone _____ Work Phone _____ Cell _____

Enter any additional comments concerning your insurance in the space below.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS IMPORTANT FORM.
PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE BY MAIL, FAX OR EMAIL TO...

Mailing address: 2123 Third Street Fax to: (909)593-4448
 La Verne, Ca. 91750

Questions? Call: (844-611-5565 Email to: janice@americanindianinsurances.com