

APARTMENT QUESTIONNAIRE

Name: _____ Phone #: _____ Date: _____

Name as it reads on Deed: _____

Property Address: _____ City: _____ Zip Code: _____

Purchase price: _____

Email: _____ Soc. Sec #: _____ Date of Birth: _____

Occupation _____

Current Insurance Carrier: _____ Expiration Date: _____

Current coverage - Personal Property (contents): _____

Dwelling information: _____ Number of units in your building: _____

Year Built: _____ Square footage: _____ Construction: Frame / Brick

of Stories: _____ Basement: Yes / No Finished: Yes / No
Crawl space / Slab

of Bathrooms: _____ Garage - # of cars: _____ Attached / Detached

Type of Heat: _____

Type of Air conditioning if any: _____

Porch / Deck Yes / No Square footage: _____

Circuit Breakers / Fuse panel

Circle all that apply: Hardwood floors Ceramic Tile Drywall Plaster Alarm System Circuit Breakers Fuse panel

Hot Tub Pool Trampoline Fenced? Yes / No

Fireplace: Yes / No How many? _____ Gas / Natural

Woodburning Stove Yes / No

Pets: Dogs - how many? _____ Breed: _____ Bite history? Yes / No
Cats - how many? _____

Any business conducted on the premises? Yes / No
If yet, describe: _____

Any claims in the last 5 years? If so, describe: _____

Please return to Szura Insurance Services for your no-obligation Quote!

Call us at 248-651-4487 **Email:** bhorning@szuraagency.com **Fax:** 248-651-3751

Mail: Szura Insurance Services, 109 E. Fourth St., Rochester, MI 48307

Thank you!