

**UNDERWRITING QUESTIONNAIRE (Supplement to Application for Homeowners Insurance)**

**Please answer the following questions to the best of your ability. Use the reverse side of this form if needed to explain answers in more detail.**

**APPLICANTS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROPERTY ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. DWELLING DETAILS (Completion of this section is required for all applications with homes more than 35 years of age, and/or all applications that indicate any losses within the past 36 months):**

**GENERAL INFORMATION:**

Year Built: \_\_\_\_\_\_\_\_\_ Construction Type: ❑Frame ❑Brick ❑Modular ❑Mobile Home ❑Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foundation: ❑ Slab ❑ Crawl Space (≤ 3’) ❑ Pier & post (> 3’) ❑ Basement ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property: ❑ Level Grade ❑ Slope ≥ 30° ❑ Less than 5 acres ❑ More than 5 acres. How many acres? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ELECTRICAL SYSTEM:**

Updated: Mo. \_\_\_\_\_ Year\_\_\_\_\_\_ Update was completed by a licensed electrician? ..............................................................

Electrical service is 100 Amp or greater, including U/L approved circuit breakers of proper amperage? ...............................

Wiring is U/L approved copper wiring? …………………………….......................................................................................

Electrical System and wiring are in good condition and have not been subject to arcing, shorting out, persistent circuit breaker tripping, or caused any damage to property within the last 5 years?.......................................................................

❑ Yes ❑ No

❑ Yes ❑ No

❑ Yes ❑ No

❑ Yes ❑ No

**HEATING SYSTEM:**

Updated: Mo. \_\_\_\_\_\_ Year\_\_\_\_\_\_ Update was completed by a licensed contractor? ...........................................................

Date of last cleaning: Month \_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_

Primary source of heat: ❑ Central Forced Air ❑ Wall ❑ Stove ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fuel Source: ❑Natural Gas ❑ Propane ❑Electric ❑ Wood ❑ Pellet ❑ Oil ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_

Tank Location (if applicable): ❑ Above Ground ❑ Below Ground ❑ Last Tank Inspection: Month \_\_\_\_\_\_ Year \_\_\_\_\_\_

There are NO supplemental heating sources used (i.e. space heaters or wood stoves): ………………………………………

If NO, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Yes ❑ No

❑ Yes ❑ No

**PLUMBING SYSTEM AND FIXTURES:**

Fixtures Updated: Month \_\_\_\_\_ Year\_\_\_\_\_ Update was completed by a licensed contractor? ………………………..

Connections Updated (hoses, valves, etc.): Month \_\_\_\_\_ Year\_\_\_\_\_ Update was completed by a licensed contractor? ….

Pipes Updated: Month \_\_\_\_\_ Year\_\_\_\_\_ Update was completed by a licensed contractor? ...............................................

Water Pipe Material: ❑ Copper ❑ Galvanized ❑ PVC ❑ Polybutylene ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have all leaks been completely repaired? ………………………………………………………………………………

Hot Water Heat Source: ❑ Gas ❑ Electric ❑ Solar: location of panels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of water heater? \_\_\_\_\_\_\_\_\_\_ Is water heater properly installed and strapped? ................................................................

Waste Water System: ❑ Municipal Sewer ❑ Septic Field ❑ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Yes ❑ No

❑ Yes ❑ No

❑ Yes ❑ No

❑ Yes ❑ No

❑ Yes ❑ No

**ROOFING:**

Updated: Mo. \_\_\_\_\_\_ Year\_\_\_\_\_\_ Update was completed by a licensed contractor…………………………………………

Type: ❑ Composition ❑ Tar & Gravel ❑ Wood ❑ Slate ❑ Metal ❑ Tile ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_

Condition: ❑ Good ❑ Fair ❑ Poor

❑ Yes ❑ No

**2. ANIMAL LIABILITY (Completion of this section is required for all applications that indicate any animal liability, even if temporarily due to visitors accompanied by pets, or when pet sitting):**

**ALL ANIMALS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | How many? | Breed(s)?  (If mixed- list all contributing breeds) | Age? | Weight? | Health?  (Good, Fair, Poor) |
| Dogs |  |  |  |  |  |
| Cats |  |  |  |  |  |
| Snakes |  |  |  |  |  |
| Reptiles |  |  |  |  |  |
| Monkeys |  |  |  |  |  |
| Farm Animals |  |  |  |  |  |
| Other |  |  |  |  |  |

Are all animals kept for personal enjoyment? ...................................................................................................................................

Are animals kept in a secure continuous fence/enclosure? ...................................................................................................................

Height of continuous fence/enclosure at lowest point? \_\_\_\_\_\_\_\_\_\_

Fence/Enclosure gate/door is: ❑ self closing ❑ automatically latched ❑ kept locked

❑ Yes ❑ No

❑ Yes ❑ No

**UNDERWRITING QUESTIONNAIRE (Continued)**

**2. ANIMAL LIABILITY (Continued):**

**ALL ANIMALS (Continued):**

Does the animal have an attending Veterinarian? …………………………………………………………………………….

Name of Vet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The animal has never bitten anyone or any other animal (reported or not)? ............................................................................

If No, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The animal has never caused any damage to property (reported or not)? ................................................................................

If No, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Yes ❑ No

❑ Yes ❑ No

❑ Yes ❑ No

**DOGS:**

Is the dog chained when outdoors (even in fenced yard)? .......................................................................................................

Is the dog kept under the insureds care, custody, and control when off the insured premises? ................................................

Has the dog received any special training? ..............................................................................................................................

If Yes, Type of training: ❑Obedience ❑ AKC Good Citizen ❑ Guard Dog ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was a certificate of satisfactory course completion earned? ....................................................................................................

Has the dog been spayed or neutered? .....................................................................................................................................

❑ Yes ❑ No

❑ Yes ❑ No

❑ Yes ❑ No

❑ Yes ❑ No

❑ Yes ❑ No

**3. PRIOR LOSSES (Completion of this section is required for all applications that indicate any losses within the past 36 months)**

**HOW MANY LOSSES HAVE YOU EXPERIENCED IN THE PAST 36 MONTHS?** ❑ **One** ❑**Two** ❑ **Three or more**

**DESCRIBE LOSSES:**

**Loss #1:**

Type of loss: ❑ Fire ❑ Water ❑ Theft ❑ Windstorm & Hail ❑ Vandalism ❑ Liability ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Loss: \_\_\_\_\_\_\_\_\_\_\_\_\_ Value of Loss: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid by insurance: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cause of Loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contributing Circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repairs Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Repairs complete? ❑Yes ❑ No

Measures taken to prevent future losses of the same type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Loss #2:**

Type of loss: ❑ Fire ❑ Water ❑ Theft ❑ Windstorm & Hail ❑ Vandalism ❑ Liability ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Loss: \_\_\_\_\_\_\_\_\_\_\_\_\_ Value of Loss: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid by insurance: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cause of Loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contributing Circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repairs Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Repairs complete? ❑Yes ❑ No

Measures taken to prevent future losses of the same type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Loss #3:**

Type of loss: ❑ Fire ❑ Water ❑ Theft ❑ Windstorm & Hail ❑ Vandalism ❑ Liability ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Loss: \_\_\_\_\_\_\_\_\_\_\_\_\_ Value of Loss: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid by insurance: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cause of Loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contributing Circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repairs Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Repairs complete? ❑Yes ❑ No

Measures taken to prevent future losses of the same type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If more than 3 losses: Use the back of this page to answer the above questions for each additional loss.**

**Are you aware of the existence of any mold or conditions that may cause mold in the residence? ❑Yes ❑ No**

By signing this form, I declare that all of the answers to the above questions and the information provided on this Supplement to my Application for Homeowners Insurance, and on my application for homeowners insurance, are correct and accurate representations as of this date. This information is being offered to the company as an inducement to issue the policy for which I am applying. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Sutter Insurance Company and its representatives have the right to verify the information provided and give my consent to such inquiries. If coverage is offered I will notify the Sutter Insurance Company of any changes to the answers given to the questions or information provided here, and/or on my application for homeowners insurance, within 30 days of the date any change is effected. If for any reason the information provided is found to be materially false, or that any material information was concealed, the company may void the resulting policy, which means the coverage applied for was never in affect.

**APPLICANTS SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**