

UNDERWRITING QUESTIONNAIRE

To write the most appropriate coverage at the best price, we need the following information. If items are highlighted, we need only that information.

Name(s) _____

Mail _____

Phone/fax/e-mail _____

occupation(s) _____

Coverage effective date _____

Property Location/nearest intersection _____

Year Built _____ Within 1000' (.2 mi) of hydrant? _____

Number of stories _____ Basement? _____

Square Feet of First Floor (see reverse) _____

Amount of insurance desired

• dwelling \$ _____

• contents \$ _____

• liability \$ _____

Mortgage (name & address) _____

If mortgage (term) insurance information is requested -

• amount _____ term _____

• date of birth _____ smoke? _____

• any health issues? _____

Is the property

• furnished & habitable _____

• occupied _____

how often? _____

• for sale _____

Intended occupant _____

Relationship to owner _____

All residents nonsmokers? _____

(optional) Any insureds 50 or over? _____

Will property be seasonal? _____

• if yes, closed season _____

Maximum number of weeks to be rented to others _____

Any other residence owned/occupied/rented? _____

Do you have a -

• dog ___ horse ___ exotic pet ___ breed/kind _____

• wood/coal stove _____ pool _____

• underground or outside oil tank _____ trampoline _____

Is the house in an historic district? _____

Do you belong to a homeowners association? _____

Is current coverage being cancelled or nonrenewed? _____

please describe below if you have -

• fire/burglar/smoke alarm(s) _____

• any business use _____

• any claims last 5 years _____

• any detached structures _____

• other features / additional information _____

how did you learn about our agency? _____

signature _____

date _____

MPIUA- MS/B RESIDENTIAL COMPONENT TECHNOLOGY WORKSHEET

GENERAL INFORMATION																																																																																																									
Policy Number: _____ Insured Name: _____ Property Address: _____ _____ Property Zip: _____	Agent: _____ Branch: _____ Current Coverage: _____ Account Number: _____ Number of Families: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> 1 2 3 4 </div>																																																																																																								
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