

RE: Policy No.

Dear Valued Customer:

Thank you for choosing Allied Insurance as your carrier of choice. We are committed to providing you with quality insurance protection. To ensure that we have the most up-to-date information on file regarding your homeowner's policy, we need your assistance. **Please complete the questionnaire included with this letter and return it to us in the enclosed postage-paid business reply envelope within 10 days of the date of this letter.**

It is important that you answer all questions carefully and completely.  
Thank you for your assistance.

Sincerely,

Allied Insurance  
A member of Nationwide Insurance



Property Address: \_\_\_\_\_

Agent Number: \_\_\_\_\_

Agent: \_\_\_\_\_

Policy No.: \_\_\_\_\_

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

**HOMEOWNER'S QUESTIONNAIRE**

Is the property address information shown above correct?  Yes  No (If no, please indicate any changes).

Primary Insured's Social Security Number (optional): \_\_\_\_\_ Telephone Number (optional): \_\_\_\_\_

1. In what year was your home built? \_\_\_\_\_

2. What is your type of home/construction?  
 Wood Frame  Synthetic Stucco  
 Brick  Log  
 Masonry Veneer  Mobile Home (not modular)  
 Stucco  Other (describe) \_\_\_\_\_

3. Please indicate the following:  
Ground Floor Square Footage: \_\_\_\_\_  
Number of Stories (1, 1-1/2, 2, Other): \_\_\_\_\_  
Total Square Footage: \_\_\_\_\_

4. Does your home have a basement?  Yes  No  
If yes, is it finished?  Yes  No

5. What is your home's roof type?  
 Asphalt  Tar and Gravel  
 Tile  Wood (circle: shingle, shake, fiber shingle)  
 Metal  Other (describe) \_\_\_\_\_

6. Does your home have a flat roof?  Yes  No

7. Has your roof been replaced?  Yes  No  
Approximate year? \_\_\_\_\_

8. Please indicate the following:

<u>System</u>	<u>Year Last Updated</u>	<u>Year Last Professionally Inspected</u>
Heating	_____	_____
Wiring	_____	_____
Plumbing	_____	_____

9. Please indicate the type of wiring in your home (check all that apply):  
 Aluminum  Circuit Breakers  
 Knob and Tube  Fuse Box  
 Other (describe) \_\_\_\_\_

10. Please indicate ALL sources used to heat the home:

	<u>Primary</u>	<u>Alternate</u>
Gas	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Oil	<input type="checkbox"/>	<input type="checkbox"/>
Wood/Coal	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>

11. What is the name of your primary responding fire department?  
\_\_\_\_\_

12. How far from your home is your:  
Primary fire dept? \_\_\_\_\_ miles  
Nearest fire hydrant? \_\_\_\_\_ feet

13. Is your home within city limits?  Yes  No

14. Do you have any of the following actively working protection devices in your home?  
 Fire Alarm  Yes  No If Yes, check the type of alarm system:  
 Local/audible  Central Station  Direct to Fire Dept  
 Burglar Alarm  Yes  No If Yes, check the type of alarm system:  
 Local/audible  Central Station  Direct to Police Dept  
 Smoke Detector  Yes  No

15. Do you have a swimming pool?  Yes  No  
If yes:  
a. is there a diving board? (circle: spring / platform)  Yes  No  
depth of water below: \_\_\_\_\_  
b. is there a slide?  Yes  No  
depth of water below: \_\_\_\_\_  
c. is there a privacy fence around it? Height? \_\_\_\_\_  Yes  No  
d. do you provide swimming lessons?  Yes  No

16. Do you have a trampoline?  Yes  No

17. Do you have a shed, barn or outbuilding on your premises?  
 Yes  No If yes, please explain the type and use of each:  
\_\_\_\_\_

18. Do you operate a daycare for children out of your home?  Yes  No  
a. How many children are in your care? \_\_\_\_\_  
b. What is your daycare license number? \_\_\_\_\_  
c. Do you transport the children?  Yes  No

19. Do you have any pets at your residence?  Yes  No  
a. If yes, please list the type (dog, cat, horse, etc.) and how many of each.  
\_\_\_\_\_  
b. If dog, what breed or mix? \_\_\_\_\_  
\*If unsure of breed or mix, submit photo.

20. Do you have any farm animals?  Yes  No  
If yes, please list the type and how many of each: \_\_\_\_\_

21. Please indicate the number of people in your household: \_\_\_\_\_

22. Please list each household member and their primary occupation:  
Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

23. If you are self-employed, do you conduct any business or farming operations out of your home?  Yes  No If yes, please explain:  
\_\_\_\_\_

24. Do you have any business supplies, equipment or machinery at your premises?  Yes  No If yes, please explain: \_\_\_\_\_

25. Do you employ anyone at your residence (domestic help or business-related)?  Yes  No If yes, please indicate:  
How many people? \_\_\_\_\_ Total monthly payroll? \_\_\_\_\_  
Type of work done? \_\_\_\_\_

**IMPORTANT: If you have any of the following heat sources (wood burning stove, wood furnace, pellet stove, fireplace insert), please submit photos of the heating unit, including front and side, and exterior chimney, and complete the Heating Questionnaire on the reverse side of this form.**

**I have reviewed the above information and it is correct as of the date signed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HEATING QUESTIONNAIRE**

**IMPORTANT: If you have any of the following heat sources (wood burning stove, wood furnace, pellet stove, fireplace insert), please submit photos of the heating unit, including front and side, and exterior chimney, and complete the Heating Questionnaire below.**

**INSTALLATION/MAINTENANCE OF HEATING UNIT**

Date installed: \_\_\_\_\_ Name of manufacturer: \_\_\_\_\_ Model No. \_\_\_\_\_  
Was the unit professionally installed?  Yes  No  
If Yes, please provide installer's name and address: \_\_\_\_\_  
Is the unit installed to manufacturer's specifications?  Yes  No  
Is it UL approved?  Yes  No  
Where is the heating unit located (specify dwelling, outbuilding, garage, etc.)? \_\_\_\_\_  
Is the unit used for:  Primary heat  Secondary heat  Sole heat source  
When was the unit last inspected and/or cleaned? \_\_\_\_\_ By whom: \_\_\_\_\_  
If it was not professionally cleaned, what devices were used? \_\_\_\_\_

**TYPE OF HEATING UNIT**

<input type="checkbox"/> Woodburning stove <input type="checkbox"/> Wood stove insert <input type="checkbox"/> Pellet stove <input type="checkbox"/> Kerosene heater	<input type="checkbox"/> Auxillary furnace attached to: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Coal furnace	<input type="checkbox"/> Fireplace insert, with direct connection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (describe) _____
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**WALL PROTECTION SURROUNDING THE UNIT**

**FLOOR PROTECTION BELOW THE UNIT**

<input type="checkbox"/> Brick <input type="checkbox"/> Drywall <input type="checkbox"/> Wood paneling <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Linoleum <input type="checkbox"/> Carpet <input type="checkbox"/> Other (describe) _____
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**DIMENSIONS (If free-standing heating unit/wood stove)**

Please provide the distance (in inches):  
1. Side of unit nearest to wall: \_\_\_\_\_ in.  
2. Rear of unit to wall: \_\_\_\_\_ in.  
3. Bottom of unit to floor: \_\_\_\_\_ in.  
4. Unit to edge of floor protection:  
Sides: \_\_\_\_\_/\_\_\_\_\_ in.  
Front: \_\_\_\_\_ in.  
Rear: \_\_\_\_\_ in.

**ADDITIONAL INFORMATION**

Do you use a metal container for ash disposal?  Yes  No  
Is there a fire extinguisher in the dwelling?  Yes  No