



Risk Assessment Questionnaire

(To be completed and signed by the named insured)

Policy/Quote No. _____

Named Insured: _____ Date of Birth: _____

Occupation: _____ ☐ FT/PT ☐ Retired ☐ Unemployed ☐ Self-Employed

Rev.10/9/14

- 1. Characteristics:** Finished Basement? ☐ Yes ☐ No Percentage% _____
- If number of families is greater than one: Two separate & remote exits from each unit? ☐ Yes ☐ No
All units occupied? ☐ Yes ☐ No
 - Has the home been gutted? ☐ Yes ☐ No If yes, Year: _____ ☐ Partial ☐ Full
Describe _____
- Unusual Construction Type: ☐ Log ☐ EIFS ☐ Mobile home ☐ Manufactured ☐ Modular ☐ Aluminum ☐ Asbestos

- 2. Heating:** ☐ Electric ☐ Gas ☐ Oil ☐ Propane ☐ No Central Heat ☐ Other _____
- Tank Location if applicable: _____ Any additional fuel tanks in use/abandoned on premises? ☐ Yes ☐ No
- Entire heating system last replaced? _____ Burner last replaced (if different/applicable)? _____
 - Annually Cleaned ☐ Yes ☐ No Annual Service Contract ☐ Yes ☐ No
- Secondary Heat? ☐ Yes ☐ No If yes, please provide the location and describe type _____

- 3. Plumbing:** Galvanized pipes ☐ Yes ☐ No Lead pipes ☐ Yes ☐ No
- Updates? If yes, describe the type of work done and when _____
- Are appliance connections, faucets or pipes showing signs of wear or leaking? ☐ Yes ☐ No
 - Age of water heater? _____ Type: ☐ Attached to boiler ☐ Tankless ☐ Tank water heater*
- *If water heater with tank, is it located in a finished basement or finished area of home? ☐ Yes ☐ No

- 4. Roof:** Type of roof: ☐ Asphalt ☐ Metal ☐ Slate or Tile ☐ Flat roof ☐ Other _____
- Date of complete replacement: Year _____ Number of shingle layers: _____
 - Any other roof repairs? ☐ Yes ☐ No If yes, describe the type of work done and when. _____
- _____
- Does the roof show any signs of wear? (lifting, curling, missing shingles or growth) ☐ Yes ☐ No
 - Overhanging tree limbs, branches or bushes touching eaves, fascia or roof? ☐ Yes ☐ No

- 5. Electrical:** Amps per unit _____ Circuit Breakers? ☐ Yes ☐ No Knob & Tube? ☐ Yes ☐ No
- Fuses? ☐ Yes ☐ No Other _____
- Updates? Year: _____ Please describe _____

Please complete if this is a Dwelling Fire risk or if any portion of the home is rented:

- Does the insured have a signed lease from all tenants? ☐ Yes ☐ No
- Do the same tenants occupy this property on a: ☐ Weekly ☐ Monthly or ☐ Yearly basis?
- Is the property rented to students? ☐ Yes ☐ No

I hereby declare to the best of my knowledge and belief that all information and statements contained in this questionnaire are true, accurate, completed and those statements are offered as an inducement to the company to issue or renew my policy. I agree to immediately report any changes to the company.

Signature of Named Insured: _____ Date: _____