

Perry Insurance Agency, LLC.
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## Homeowners New Business Questionnaire

Client Name:		Phone Number:
Date of Birth:		
Property Address:		# of Families:
Type of Residence:		Occupancy:
Style of Home:		_
Year Built:	Type of Construction:	
Square Feet:	Number of Stories:	
Room Count:	Number of Beds/Baths:	/
Attic:	Basement:	
Siding:		
Attached/Detached Ga	rage or Carport:	
Alarm system(ADT, Co	mcast etc.)	
Pool:	Slide or Diving Board:_	
Trampoline:		
Pets:	_Breed:	
Heat Type:	Tank Location:	
Wood/Pellet Stove:		
Losses (3,5 years):	······································	

Ever been cancelled:		
Circuit Breakers:	Amps:	
Recent Updates (roof, heating etc):		Year:
Market Value/Current Covg Amount:		