KNOBLAUCH
INSURANCE SERVICES

New Insured Questionnaire

Full Name _____ DOB _____ Contact Phone _____

Property Address _____ Email _____

	Yes	No
Is the property address the same as the mailing address?	○	○
Have you lived at another address in the past 3 years?	○	○
Are you married?	○	○
Do you have existing coverage?	○	○
Did you purchase your home within the preceding 12 months?	○	○
Is this home deeded to/owned by a corporation, LLC, partnership, estate, association, or business entity?	○	○
Claims in past 5 years?	○	○
Do you have a mortgage?	○	○

Square Footage _____

Year Built _____

Construction Type _____

Foundation Type _____

GarageType & Size _____

Roof Material _____

Year Roof Installed _____

Updates to Electrical, Plumbing, HVAC? _____

If yes, please provide the year updates were completed

Does your home have: galvanized, cast iron, PEX (prior to 2006), or polybutylene plumbing; and/or a tanked water heating unit installed above ground level?	○	○
Are there any animals on the property?	○	○
Do you have a swimming pool?	○	○
Do you have a wood burning stove?	○	○