

LANDLORD/DWELLING FIRE QUESTIONNAIRE FOR DWELLINGS

**MIDWEST INSURANCE INSURANCE
BROKERAGE SERVICE, INC.**

Today's Date: _____ Producer Name: _____
Effective Date: _____ Producer Phone: _____
of Years known applicant: _____

Insured Name(s): _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip: _____ Phone: _____

Location Address: _____ City: _____

County: _____ State: _____ Zip: _____ Phone: _____

Date of Birth(s): _____ Marital Status: _____

Social Security #: _____ Occupation(s): _____

How many total rental units does insured own?: _____

Property location is currently: occupied by tenant _____ vacant _____ or partially
occupied (explain): _____

Amount to be quoted on Dwelling:(100% replacement cost)

Personal Property of the Landlord (appliances, furniture, etc): _____

Liability Limit: _____ Medical Payments: _____ Deductible: _____

Water Back-up Limit: _____ (not available with all carriers)

Yr Built: _____ Date Purchased and Price: _____

of Stories: _____ Square Footage: _____

of Bath Rooms: _____ Garage (circle): attached/detached and 1 car/2 car/3 car

Deck (sq footage): _____ Enclosed/Open porch (sq footage): _____

CIRCLE ALL THAT APPLY BELOW:

# of Families	Construction & %	Foundation & %	Roof Type	Add-ons
1	Frame	Basement Finished	Tile/Slate	Central Heat Gas
2	Aluminum/Vinyl	Basement Unfinished	Asphalt Shingle	Fireplace & #
3	Masonry	Crawl Space	Wood Shingle	Wood Stove
4	Masonry Veneer	Concrete Slab	Tar & Gravel	Central Air

Does the Home have (Circle):

Monitored Fire/Burglar Alarm (must provide alarm certificate)

Smoke Detectors

Fire Extinguisher(s)

Dead bolt

LANDLORD/DWELLING FIRE QUESTIONNAIRE (cont'd)

IF HOME IS MORE THAN 25 YEARS, YOU MUST PROVIDE YEAR THE UTILITIES WERE UPDATED:

Furnace _____ Electrical _____

Plumbing _____ Roof _____

Circuit Breakers or Fuses (circle one)

Any Homeowner claims in past 5 years? Yes / No

If yes, provide details (date/type of loss/amount paid): _____

Current Mortgage Company: _____

Current Carrier: _____ # of Years w/carrier: _____

Expiration Date: _____ Premium: _____

Has coverage been cancelled or non-renewed in last 3 years? Yes / No

If yes, provide reason: _____

Additional information: _____
