

NARVER

I N S U R A N C E

Homeowner's Work Sheet

1st Owner's Name: _____ Birth Date: _____

2nd Owner's Name: _____ Birth Date: _____

Current Home Address: _____

Address Of Home To Be Insured: _____

Home Tel. #: _____ Work Tel #: _____

1st Owner's Occupation: _____ 1st Owner's Business Tel. #: _____

1st Owner's Cell #: _____ Home Fax #: _____

2nd Owner's Occupation: _____ 2nd Owner's Business Tel. #: _____

2nd Owner's Cell #: _____

Home E-mail address: _____ Business E-mail address: _____

1st Owner's SS #: _____ 2nd Owner's SS #: _____

Does Anyone In The Household Smoke? _____ What Year Was The House Built? _____

Date You Purchased Home: _____

CURRENT MARKET VALUE: _____ Original Purchase Price: _____

Square Footage Of Home: _____ Total Number Of Rooms: _____

What Is The Total Number Of Stories, Excluding The Basement? _____ How Many Bedrooms Are In The home? _____

Type of Plumbing:

 Copper Galvanized Other: _____

Year Plumbing Updated: _____

Type of Electrical:

 Circuit Breakers Fuses Other: _____

Year Electrical Updated: _____

What Is The Number Of Bathrooms? _____

How Many Bathrooms Are?

A) Standard: _____ B) Custom: _____ C) Luxury: _____

Type Of Kitchen: _____

A) Standard: _____ B) Custom: _____ C) Luxury: _____

How Many Fireplaces? _____ Does The Bathroom Include A Jacuzzi? _____

Does The Home Have A Basement? _____ Total Square Footage Of The Basement: _____

Type Of Garage:

Attached Detached 1 Car 1 ? Cars 2 Cars 3 Cars

Type Of Roof:

Composition Spanish Tile Wood Shingle Ceramic Tile Metal Flat Roof

Other: _____

Indicate The Year Your Roof Was Updated: _____

Type Of Construction (Home):

All Brick Cinder Block Log Over 50% Brick Frame / Stucco
 Vinyl Siding Wood Brick Veneer Brick Masonry

How Is The Home Heated

Gas Electric Oil Tank In Basement Oil Tank Above Ground

Select Items Below That Are Part Of Your Residence:

Deadbolt Locks Fire Extinguishers Alarm – Type Central Local
 Wood Stove Swimming Pool – Fenced Yes No
 Tennis Court Hot Tub Sauna
 Air Conditioning/Central Air Smoke Detectors Uncovered Patio / Deck
 Covered Patio / Deck Interior Sprinklers Yes No Interior Sprinklers Partial Full

Enter The Number Of:

A) Porches: _____ B) Patios: _____ C) Decks: _____

D) Trampolines _____

Are There Any Claims In The Last 5 Years? _____

Type Of Claim:

Water Damage Smoke Damage Fire Damage Wind Damage Liability Claim

What Amount Did Your Insurance Company Pay? _____

Is Your Home Protected By A Security System?

No Security System Yes, Alarm Sounds In Home Only Yes, Alarm Sounds Directly To A Monitoring Company

Are there any pets? If so please describe breed. _____

How Many Feet Is The Nearest Fire Hydrant To Your Home? _____

How Many Miles Is The Nearest Fire Station To Your Home? _____ Type of Heating: _____

Do You Have Any Domestic Employees? Yes No _____ If Yes, How Many Domestic Employees? _____

Are there any items to be scheduled? (Jewelry/fine art/furs/silverware, etc.) _____

Is Your Home Considered A Hillside Home? Yes No

If Yes, Please Explain: _____