

Bassler & Co. Insurance

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Insurance Questionnaire

Insured's Name: _____ Spouse's Name: _____
Date of Birth: _____ Date of Birth: _____
Soc Sec #: _____ Soc Sec #: _____
Occupation: _____ Years: ____ Occupation: _____ Years: ____
Education Level: _____

Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Homeowners Section

Home Address(New/Current): _____
Street City State Zip
Previous Address: _____
Street City State Zip

Year Built: _____
Date Purchased: _____
Construction Type: _____ (Frame, Brick, Aluminum Siding, Vinyl Siding, etc.)
Style of Home: _____ (Ranch, Cape cod, 2-story, Bi-level, etc.)
Square Feet: _____
of Baths: _____ (Full Baths) (1/2 Baths)

Heat Source: _____ (Natural Gas, Water Heater, Electric, etc.)
Roof Construction Type: _____ (Hip, Gable, Gambrel, Flat, Mansard, etc.)
Roof Covering: _____ (Asphalt, Shingles, Concrete Tile, Slate, etc.)

Year of Update: (Please provide the year each of the following were updated)
Roof: _____ Plumbing: _____ Kitchen: _____
Heating: _____ Full Baths: _____ Electrical: _____ (Circuit Breaker or Fuses)
1/2 Baths: _____

	<u>Yes</u>	<u>No</u>	
Basement Finished:	_____	_____	_____ (Percentage)
Crawl Space:	_____	_____	_____ (Percentage)
Water Backup:	_____	_____	_____ (Amount)
Sump Pump:	_____	_____	_____ (Battery, Gas, or Water Generator)
Pool:	_____	_____	
If there is a pool, is it fenced:	_____	_____	
Dog:	_____	_____	_____ (Breed)
Trampoline:	_____	_____	
Alarm:	_____	_____	_____ (Central Station?)

Mortgagee Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Loan #: _____ Escrowed? _____ Date of Purchase: _____

Prior Homeowners Carrier: _____ Policy Effective Date: _____
 Current Deductible Amount: _____ Current Dwelling Value: _____

*****Please include current Declaration Pages for your current Home/Auto/Umbrella/Personal Articles policies*****

Claims History:
 (Prior 5 years of losses/claims)

Personal Articles Section

Please provide a description and value of each item to be insured. *(Please include appraisal if over \$10,000)*

Description	Value

Automobile Section

Year	Make	Model	VIN	Usage	Primary Driver

Primary Driver	Driver's Name	License #	Date of Birth

Auto Cont'd

Prior Automobile Carrier: _____ Effective Date: _____

Preferred Deductible:

Comprehensive: _____

Collision: _____

Coverage Limits Needed: 100/300 _____

250/500 _____

300 CSL _____

500 CSL _____

*****Please provide Ticket/Loss/Accident detail for each driver, including claim amount paid: (5 years of history)**

Umbrella Section

Limits Needed: \$1M: _____

\$2M: _____

\$5M: _____

Any Recreational Vehicles? _____ *Description:* _____

Number of Owned Residences? _____