

**HEFFERNAN INSURANCE AGENCY**  
**(409)765-9011 fax (409)763-4567**

**PROPERTY QUOTE QUESTIONAIRE**  
**donnas@heffernaninsuranceagency.com**

Date: \_\_\_\_\_ Needed by: \_\_\_\_\_  
Name: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Fax \_\_\_\_\_ e-Mail \_\_\_\_\_  
His: Social Security# \_\_\_\_\_ DOB \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Her: Social Security# \_\_\_\_\_ DOB \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Property  
Location: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
Occupancy: Owner Primary/Secondary Rental: \_\_\_\_\_ Term \_\_\_\_\_  
Inside City Limits? \_\_\_\_\_  
Distance to: Body of Water \_\_\_\_\_ Fire Hydrant \_\_\_\_\_ Nearest Fire Station \_\_\_\_\_  
Responding Fire Department: \_\_\_\_\_ Volunteer? Y/N \_\_\_\_\_  
Do you own other rental property? \_\_\_\_\_ If so, do you need liability coverage? \_\_\_\_\_ If yes, # of families? \_\_\_\_\_  
New Purchase? YES/NO \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Closing Date: \_\_\_\_\_  
Construction: \_\_\_\_\_  
Roof Type: Composition Shingles / Slate / Clay Tile Foundation: Open/Closed \_\_\_\_\_  
Living Square Feet \_\_\_\_\_ # of Stories \_\_\_\_\_ Year Built \_\_\_\_\_  
\* Renovations(Date): Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Re-Roof \_\_\_\_\_ Have WPI-8? Y/N \_\_\_\_\_  
If house is elevated, is there an enclosure? Y/N \_\_\_\_\_ Enclosure Sq Ft \_\_\_\_\_  
Enclosure Walls: \_\_\_\_\_ Enclosure Use: \_\_\_\_\_  
Type of garage: Attached/Detached \_\_\_\_\_ # Cars: \_\_\_\_\_  
Swimming Pool? \_\_\_\_\_ If yes, is it fenced? \_\_\_\_\_ Diving Board? \_\_\_\_\_  
Trampoline? \_\_\_\_\_ Animals? \_\_\_\_\_ Is there a Boat House? \_\_\_\_\_ If yes, is there a WPI-8? \_\_\_\_\_  
Do you have: Central Air \_\_\_\_\_ Heating System \_\_\_\_\_  
Monitored Security Alarm \_\_\_\_\_ Alarm Certificate \_\_\_\_\_ Smoke Alarms \_\_\_\_\_ Electric Shutters \_\_\_\_\_  
Blinds \_\_\_\_\_ # Fireplaces \_\_\_\_\_ Single/Double/Gas \_\_\_\_\_ Built-in bookcase(s) \_\_\_\_\_  
Kitchen Type: Basic or Custom \_\_\_\_\_ Outdoor Kitchen? \_\_\_\_\_ # of wetbar(s) \_\_\_\_\_  
# Built-in vanities other than in bathroom \_\_\_\_\_ Hot Tub-Attached/Detached \_\_\_\_\_ Jacuzzi \_\_\_\_\_  
Total#Bathrooms \_\_\_\_\_ #Bathrooms Basic/Custom \_\_\_\_\_ #French Doors \_\_\_\_\_ #Glass Sliding Doors \_\_\_\_\_  
# Stained glass windows \_\_\_\_\_ # Bay windows \_\_\_\_\_ # atrium windows \_\_\_\_\_  
Floors: \_\_\_\_\_% Marble/Granite/Stone \_\_\_\_\_& Carpet \_\_\_\_\_% Tile \_\_\_\_\_% Vinyl \_\_\_\_\_% Wood \_\_\_\_\_  
Walls: \_\_\_\_\_% Wall Paper \_\_\_\_\_% Tile \_\_\_\_\_% Paint \_\_\_\_\_  
Wall Partitions: \_\_\_\_\_ Ceilings: \_\_\_\_\_  
Custom items (Values) Ornate woodwork \$ \_\_\_\_\_ Water Fall \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
Condition of dwelling / premise scale of 1-10/ 10 being excellent: \_\_\_\_\_  
Any Jewelry, Watches & Furs that need to be scheduled? \_\_\_\_\_ Computer Coverage? \_\_\_\_\_  
Personal Injury Coverage? \_\_\_\_\_ Identity Theft Coverage? \_\_\_\_\_ Glass Coverage? \_\_\_\_\_  
Mortgagee: \_\_\_\_\_  
Escrowed: YES/NO \_\_\_\_\_  
Loan # \_\_\_\_\_

Please inform your agent of any extraordinary elements in your home, so that the Replacement cost for your property can be at the appropriate amounts of coverage.

Completed By: \_\_\_\_\_