

Home Insurance Questionnaire

Chalasinski Insurance Group LLC

7750 Town Centre Dr. Ste. 350
Broadview Hts., OH 44147

Office: (440) 838---5383

Fax: (440) 838-5227

tom@ohcig.com

Referred by:	
Your Name:	
Address:	
City, Zip code	
Home phone	
Work phone:	
Cell phone:	
e-Mail address:	

Address of the property to be insured:	

Number of inhabitants:		
Names and ages of inhabitants:		

How many bathrooms?		List special bathroom features?	
List additional structures or special features of the property.			

Is the property currently insured?	YES	NO
Current insurance provider:		
Value of claims in the past 5-years:		

CURRENT COVERAGE	
Dwelling:	
Personal property:	
Liability:	
Deductible:	

RENTER'S INSURANCE	
Personal property value?	

Are you interested in an AUTO/HOME discount policy?	YES	NO
Are you interested in FLOOD insurance?	YES	NO

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Your date of birth:	
Your SSN:	
Your profession:	
Your education:	
Spouses name:	
Spouses date of birth:	
Spouses SSN:	
Spouses profession:	
Spouses education	

Do you rent or own the property?	RENT		OWN		
Is the building vacant or inhabited?	VACANT		INHABITED		
What is the exterior siding material? Specify if other: _____	BRICK	VINYL	ALUMINUM	WOOD	OTHER
Is there a basement?	YES		NO		
Is the basement finished?	YES		NO		
Are there dogs on the premises?	YES		NO		
Is the home climate controlled?	YES		NO		
Are there fireplaces?	YES---How many?_____		NO		
Do any of the residents smoke?	YES		NO		
Are smoke detectors installed?	YES		NO		
Is there a fire extinguisher in the kitchen?	YES		NO		
Is a fire sprinkler system installed?	YES		NO		
Are deadbolt locks installed?	YES		NO		
Who provides your home monitoring?					

We appreciate the time you took to complete this questionnaire and we look forward to serving you!

Please fax it or visit our office.