



**INSTRUCTIONS:**

- Complete the form in its entirety.
- Submit the completed form via fax or email: **301-963-3652** or **personal@assetreprotect.com**.
- If you require additional assistance please call us: **301-987-7435**.

**HOMEOWNERS / RENTERS/ CONDO PRELIMINARY QUESTIONNAIRE**

|  |                                     |                          |             |                        |                              |             |                              |            |                          |       |        |   |   |
|--|-------------------------------------|--------------------------|-------------|------------------------|------------------------------|-------------|------------------------------|------------|--------------------------|-------|--------|---|---|
| Date                                   |                                     |                          |             | Name                   |                              |             |                              | Phone #    |                          |       |        |   |   |
| Property Address                       |                                     |                          |             |                        |                              |             |                              | How Long   |                          |       |        |   |   |
| City / State / ZIP                     |                                     |                          |             |                        |                              |             |                              |            |                          |       |        |   |   |
| Email Address                          |                                     |                          |             |                        |                              |             | Mobile #                     |            |                          |       |        |   |   |
| Mailing (If Different)                 |                                     |                          |             |                        |                              |             |                              |            |                          |       |        |   |   |
| Prior Address                          |                                     |                          |             |                        |                              |             |                              |            |                          |       |        |   |   |
| Marital Status                         | S                                   | M                        | D           | W                      | DOB                          |             |                              | SSN        |                          |       | Gender | M | F |
| Spouse's Name                          |                                     |                          |             |                        |                              |             | DOB                          |            |                          | SSN   |        |   |   |
| Prior Insurance                        |                                     |                          |             |                        |                              |             | How Long w/ Prior Carrier?   |            |                          |       |        |   |   |
| Current / Former Policy #              |                                     |                          |             | Limits                 | Dwelling                     |             | Pers. Prop                   |            | Cancelled / Non-renewed? | Y / N |        |   |   |
|  |                                     |                          |             |                        | Medical                      |             | Loss of Use                  |            |                          |       |        |   |   |
| Claims In The Past 5 Yrs?              | Y / N                               | Year / Type / Amount     |             |                        |                              |             |                              |            |                          |       |        |   |   |
| In Flood Zone?                         | Y / N                               | Distance to Hydrant      |             |                        | Distance to Fire Station     |             |                              |            |                          |       |        |   |   |
| Swimming Pool?                         | Y / N                               | If YES, Fenced?          |             | Y / N                  | Diving Board or Slide?       |             | Y / N                        |            |                          |       |        |   |   |
| # Dogs Owned                           |                                     | Breed                    |             |                        |                              | Breed       |                              |            |                          |       |        |   |   |
| Year Dwelling Built                    |                                     | Foundation               | SLAB / OPEN | Roof Type              | Age of Roof                  |             | Is Home On Circuit Breakers? |            | Y / N                    |       |        |   |   |
| Heating Type                           |                                     |                          |             | Cooling Type           |                              |             |                              |            |                          |       |        |   |   |
| If OVER 20 YEARS OLD, YEAR OF UPDATES: |                                     | Plumbing                 |             |                        | Heating                      |             |                              | Electrical |                          |       | Roof   |   |   |
| Occupancy                              | Owner / Tenant                      | Year Purchased?          |             | Purchase Price / Value |                              |             |                              |            |                          |       |        |   |   |
| Number of Units                        |                                     | Square Footage           |             |                        | # of Stories                 |             |                              |            |                          |       |        |   |   |
| Garage                                 | Attached / Detached                 |                          |             |                        | #Bedrooms                    | Family Room |                              | Y/ N       |                          |       |        |   |   |
| # of Baths                             | Full Bathroom:                      |                          | ¾ Bathroom: |                        | ½ Bathroom:                  |             |                              |            |                          |       |        |   |   |
| # Fireplaces                           | Wood Burning Stoves                 |                          | Y / N       | Basement               | Y / N                        | Finished?   | Y/ N                         |            |                          |       |        |   |   |
| Porches / Decks / Extra Out Bldgs.     |                                     | Sprinkler'd?             |             | Y / N                  | How Much?                    |             | Full __ Partial __           |            |                          |       |        |   |   |
| Alarm System                           | Sprinklers / Fire / Smoke / Burglar |                          |             |                        | Central Station – or – Local |             |                              |            |                          |       |        |   |   |
| Dwelling Limit                         | Personal Property Limit             |                          |             | Medical Expense Limit  |                              |             | Loss of Use Limit            |            |                          |       |        |   |   |
| Mortgage Co.                           |                                     |                          |             |                        |                              |             | Loan #                       |            |                          |       |        |   |   |
| Address                                |                                     | City / State / Zip       |             |                        |                              |             |                              |            |                          |       |        |   |   |
| If Closing Escrow, When?               |                                     | Escrow Company / Phone # |             |                        |                              |             |                              |            |                          |       |        |   |   |

**Mailing Address:** P. O. Box 7641, Gaithersburg, MD 20898  
**Email:** personal@assetreprotect.com

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