

Home Insurance Renewal Questions

Today's Date _____

Name of Individual Completing This Form _____

Day Phone _____ Evening Phone _____

Improvements & Upgrades

Have you made any recent improvements or upgrades to your home?		Yes	No
If Yes, please describe	Year Done:		
Kitchen	_____	Bathroom	_____
Heating or air conditioning	_____	Plumbing	_____
Electrical	_____	Roof	_____
Finished Basement	_____	Patio or Deck	_____
Garage or carport	_____	Addition or Extension	_____
Swimming Pool	_____	Other: _____	_____
Pole Barn, Shed	_____		

Comments or details on home improvements or upgrades: _____

Valuable Possessions:

Have you recently purchased any of the following or do you need to increase coverage for any of the following **not currently** on your policy?

If Yes, please describe	Est. Value		
Boat	_____	Silver/Silverware	_____
Fine Art	_____	Furs	_____
Jewelry	_____	Snowmobile	_____
Computer and Software	_____	Collectibles	_____
Firearms	_____	Cell Phone	_____
Golf cart or other RV	_____	Other: _____	_____

Comments or details on valuable possessions: _____

Business Activities

Is there any business activity operated out of your home?		Yes	No
If yes, please describe:			
Babysitting or child care		Hair or Nail Salon	
Piano Lessons		Home-based office for _____	
Produce stand or garage/ yard sales		Other: _____	

Comments or details on home-based business activities: _____

Finished Basements/Walk-out lower level

Have you finished your basement? Yes No
 What is the approximate value of the renovation work?: _____
 Do you have a sump pump? Yes No

Security Information

Which of the following alarms do you have installed in your home:

Smoke alarms on each floor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Central station burglar and fire alarms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have deadbolts on all exterior doors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a fire extinguisher?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Miscellaneous Information

I have a wood burning stove or a similar secondary heating unit.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I own one or more rental properties.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have a swimming pool.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your pool above or under ground ?	In ground <input type="checkbox"/>	Above ground <input type="checkbox"/>
Is the pool fully fenced in?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a diving board?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a slide?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have an outdoor hot tub.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, is it access locked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have a trampoline.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your yard fenced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have _____ dog(s) on my property. Breed of dog(s): _____		
Have you purchased any additional property / vacant land?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Extra Protection

Check off the extra coverages on which you would like information:

Automobile Insurance	Motorcycle, RV, snowmobile, or golf cart
Umbrella Policy	Boat Insurance
Business Insurance	Flood Insurance
Life Insurance	Disability Insurance
Health Insurance	Long Term Care
Other: _____	

I am interested in information on the above protection. Please contact me via
 Email Regular Mail Phone: _____

Enter any additional comments concerning your insurance in the space below:

Make sure that you complete a "Save As" to your desktop, and then attach this form to an email in order to ensure this document's changes are saved before you email it back to OVD.