

GRACEY-BACKER, INC.

Insurance since 1925



Homeowners Insurance Questionnaire

Return to Insurance@gbifl.com or fax to 561-265-0034

Contact Name: _____

Contact Phone: _____ Email: _____

Date of Birth: _____ SS#: _____ Occupation: _____

Property Address: _____

Primary / Seasonal / Rental Home Singly Family Home / Townhouse / Condo / Apartment

Months Occupied: _____ Requested Effective Date: _____

Is this a new purchase? Y / N Purchase Price \$ _____ Closing Date: _____

Year Built _____ # of Stories _____ Type of Construction _____

Building Replacement Cost \$ _____ Square Footage (under air): _____

Replacement Cost of Contents \$ _____ Square Footage (total): _____

Roof Style: Hip Gable Flat (circle one) Renovations Underway/Anticipated? Y / N

Replacement Cost of detached structures on property (i.e. guest cottage, tool shed): _____

Security Alarm: Burglar / Fire / Both (circle one) Central Station? Y / N

Year Updated: Plumbing Roof Electric AC/HVAC

Garage? Y / N # of Vehicles: _____ Is the Garage Attached? Y / N Carport? Y / N

Swimming Pool? Y / N Screened or Fenced (circle one) Screened Porch? Y / N

Animals/Pets? _____ Dog Breed _____ Any history of biting? Y / N

Windstorm Protection? Y / N If Yes, are ALL window and door openings protected with Florida Building code shutters or impact glass? Y / N (please send us a copy of your wind mitigation form)

Mortgagee information (if applicable): _____

Name of Current Insurance Carrier: _____ Any Claims in past 5 Years? Y/N

If yes, please provide claim details: