JOSEPH KRAR & ASSOCIATES, INC.

HOMEOWNERS QUESTIONNAIRE

Named Insured: Policy Number:

1. **Loss History (Past 5 Years) – If None, Please Note So**

Date	Cause of Loss	Amount of Loss

2. **Is property occupied by named insured?**_____
3. **Insured's occupation**_____
4. **Is risk new to your agency?**_____
5. **Have you seen property in last 6 months?**_____
6. **Other properties within 200 feet?**_____
7. **Outbuildings? If so, elaborate**_____
8. **Any dogs? If yes, give breed, length of time owned & check for past dog bite instances (We will not write homeowner coverage with a German Shepard, Doberman, Pitbull, or Rottweiler. On tenant homeowner coverage, we will not write any large dogs, only small housedogs.**
   _____
9. **Any horses? If yes, how many?**_____
10. **Any pools?** _____**If in-ground, is it entirely fenced in?**_____**Diving board?**_____
11. **Does insured have any woodburning stoves?**_____
    We will not write tenant homeowner coverage.
12. **Age & Condition of Roof**_____
13. **Has insured had coverage cancelled or non-renewed by another carrier?**_____
    Details?_____
14. **Previous Carrier**_____
15. **Has plumbing, heating, and wiring been modernized & when?**_____
16. **Does insured have fuel storage tanks on premises?**____**If yes, are they above or below ground?**
17. **Any trampolines?** _____

FRAUD STATEMENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **(NEW YORK)**
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties**. (PA ONLY)**

_____ _____ _____
Applicant's Signature Phone Number Date

_____ Date:_____ Hour: _____AM/PM
Agent's Signature Date & Hour Binder Effective

SUBMIT APPLICATION

P.O. Box 851, Utica, NY 13503-0851 Telephone No:(315)736-8211 Fax:(315)768-4408