

**APARTMENT QUESTIONNAIRE**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Name as it reads on Deed: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Email: \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current coverage - Personal Property (contents): \_\_\_\_\_

Dwelling information: Number of units in your building: \_\_\_\_\_

Year Built: \_\_\_\_\_ Square footage: \_\_\_\_\_ Construction: Frame / Brick

# of Stories: \_\_\_\_\_ Basement: Yes / No Finished: Yes / No  
Crawl space / Slab

# of Bathrooms: \_\_\_\_\_ Garage - # of cars: \_\_\_\_\_ Attached / Detached

Type of Heat: \_\_\_\_\_

Type of Air conditioning if any: \_\_\_\_\_

Porch / Deck Yes / No Square footage: \_\_\_\_\_

Circuit Breakers / Fuse panel

Circle all that apply: Hardwood floors Ceramic Tile Drywall Plaster Alarm System Circuit Breakers Fuse panel

Hot Tub Pool Trampoline Fenced? Yes / No

Fireplace: Yes / No How many? \_\_\_\_\_ Gas / Natural

Woodburning Stove Yes / No

Pets: Dogs - how many? \_\_\_\_\_ Breed: \_\_\_\_\_ Bite history? Yes / No  
Cats - how many? \_\_\_\_\_

Any business conducted on the premises? Yes / No

If yet, describe: \_\_\_\_\_

Any claims in the last 5 years? If so, describe: \_\_\_\_\_

**Please return to Szura Insurance Services for your no-obligation Quote!**

**Call** us at 248-651-4487 **Email:** [bhorning@szuraagency.com](mailto:bhorning@szuraagency.com) **Fax:** 248-651-3751

**Mail:** Szura Insurance Services, 109 E. Fourth St., Rochester, MI 48307

***Thank you!***