



RENEWAL QUESTIONNAIRE

RETURN COMPLETED WITHIN 7 DAYS

INSURED:

POLICY NUMBER:

1. List all residents of the household:
NAME(S)/RELATIONSHIP TO INSURED (If more space is needed, please use the reverse side of this form.)

2. Is residence owner or tenant occupied? _____.
If tenant occupied, list address where owner resides: _____.
3. Number of families living in dwelling is _____ (example: 1; 2; 3; 4).
4. Are there any animals kept on premises? List breed and age if dog(s). If mixed breed, specify type of mix.
TYPE OF ANIMAL(S)/DETAILS (If more space is needed, please use the reverse side of this form.)

5. Is there a trampoline on the premises? _____
6. Is there a pool in the yard? _____ If so, is there a fence around yard with a locked gate? _____
7. Is there a woodstove on the premises? _____ If so, was it professionally installed? * _____
(*Please attach a copy of the installation certificate or Town Compliance Certificate as proof.)
8. Do you own recreational vehicles (jet skis, snowmobiles, ATVs, mini bikes, dune buggies, etc)? _____
If so, what type and where are they kept? _____
9. Age of roof? ____ years. Condition of roof? _____. (Specify Excellent, Good or Fair.)
10. Any occupation changes for named insureds within the last 5 years? _____. If so, supply details.
OCCUPATION/EMPLOYER/ADDRESS (If more space is needed, please use the reverse side of this form.)

11. If self employed, specify type of business and whether or not business is operated out of the home.

12. Any improvements, additions or alterations to your home (in excess of \$5,000) in the last 5 years? _____
If so, describe work done _____ and value \$ _____.
13. Number of units in your home rented out for residential purposes? _____
14. Please circle the protective devices that are currently active in your home to receive the appropriate credit and attach a copy of the corresponding alarm certificate(s) as proof.
Fire Alarm Local Central Station
Burglar Alarm Local Central Station

Insured's Signature: _____ Date: _____ Daytime Phone #: _____

Email the completed Questionnaire to HORenewalQuest@InterboroInsurance.com

- OR -

Fax the completed questionnaire to Interboro Insurance Company at 516-746-1884