



Weekes & Callaway, Inc.

HOMEOWNERS INSURANCE REVIEW RENEWAL QUESTIONNAIRE

Please note that the questions are designed for a primary residence. If this policy is for a seasonal or secondary residence, some may not apply.

YES

NO

- () () Do you wish to make any changes to your policy? Have you made any improvements or renovations?
- () () Is the name on the policy the same as that shown on your deed? If not, what name appears on the deed? _____

- () () Is the mortgage information shown on the policy correct? If not, provide the current mortgage company and loan number:

- () () Is your premium paid from your escrow account?
- () () Do you have valuable articles such as jewelry, fine arts or silver of considerable value? If so, are you interested in purchasing additional coverage?
- () () Do you maintain or operate a business, keep business property or have clients in your home? (including baby-sitting, lawn mowing, Tupperware, Mary Kay etc.)
Please describe: _____

- () () Do you own any watercraft or recreational vehicles?
- () () Do you own any animals? If so, please describe (for dogs, what breed): _____
- () () Do you own any additional property, vacant land, or rent any portion of your home to others? If not insured elsewhere, please describe: _____



Weekes & Callaway, Inc.

HOMEOWNERS INSURANCE REVIEW RENEWAL QUESTIONNAIRE

- () () If you do not presently have Flood coverage, would you be interested in a quote?
- () () If you do not presently have Umbrella (Excess Liability) coverage, would you be interested in a quote?

Does your home have any of the following:

Central Station Monitored Alarm system	Y	N
Storm Shutters	Y	N
(must cover all openings and be installed 1996 or after)		
Pool?	Y	N
Is it Fenced / Screened?	Y	N
If yes describe: _____		
Diving board or slide?	Y	N
If yes describe: _____		
Trampoline?	Y	N

Thank you for taking the time to complete this questionnaire.

Please return at your earliest convenience in the envelope provided. If we do not receive a response back from you within 60 days, the policies will renew as expiring.

Insured's Signature

Date

Home Phone: _____ **Business Phone:** _____

E-Mail Address: _____