

Join our community of satisfied customers today and let us show you why we're the trusted choice for insurance in New York!

HOMEOWNERS QUESTIONNAIRE

CONTACT INFORMATION:

First Name: _____ Last Name: _____
Address: _____
E-mail: _____
Phone: _____ Occupation: _____
Requested Effective Date: _____

PRIOR INSURANCE:

Carrier: _____ No Prior Insurance:
Expiration Date: _____
Total Premium: _____
Current Dwelling: _____ Deductible: _____

PROPERTY DETAILS:

Property Address: _____
Total Sqft Area: _____
Year Built: _____ Replacement Cost Actual Cash Value
Purchase Date if New: _____
Purchase Price: _____
Year Update: ____ Roof ____ Plumbing ____ Heating ____ HVAC
of Stories: _____
of Family: _____
Animals/Pet: _____
Swimming Pool: _____
Trampoline: _____
Garage: 1 Car 2 Car 3 Car Attached
 Detached
 Carport

RETURN COMPLETED FORM BY EMAIL steve@doniganinsurance.com

OR FAX TO (315) 478-1443