

Coverage Review Questionnaire



Please email (ecole@roehrins.com) or fax the following items to (513) 985-0359

- Completed Questionnaire** – please provide additional forms (HOMEOWNERS section) for each location.
- Copies of Your Policy Declarations** - Please include policy declarations for all applicable policies (Home/Renters/Condo/Rental Property, Automobile, Umbrella, Flood, and Valuables/Collections). These documents provide policy coverage amounts/limits, VINs, deductibles, etc.

1. Contact Information:

Name _____

Mailing Address _____

Home Phone _____ Work _____ Cell _____

Email _____ Spouse/Partner Email _____

Occupation _____ Spouse/Partner Occupation _____

2. Account Information:

Please indicate the applicable **NUMBER** of exposures and any additional information below.

_____ Properties in the U.S. _____ Autos _____ Motorcycles _____ Non-Profit Board Positions
 _____ Properties outside of the U.S. _____ Watercraft _____ Aircraft _____ Land / Farm / Vineyard

Remarks: _____

3. Claims and Driving Record Information:

Please list all claims relating to property, liability, home, auto, motorcycle, watercraft, and driving violations/citations for all household members over the last 5 years (10 years for major violations, such as DUI or reckless driving).

Date		Details		Name	
Date		Details		Name	
Date		Details		Name	
Date		Details		Name	

4. Driver Information:

List every driver in the household (include multiple copies for additional drivers or cars).

Name	Relationship	Date of Birth	Marital Status	Driver's License #
1.				
2.				
3.				
4.				
Are there any drivers listed above that DO NOT live at home with you?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list the driver/s and where they live.				

5. Vehicle Information:

Year	Make	Model	Vehicle Description (Regular, Corporate, Classic, Motorcycle, Unregistered)	Annual Mileage	Garaged Zip
1.					
2.					
3.					
4.					
5.					

Remarks (please note the current valuation for any unique, customized or exotic autos):

6. Homeowner's Information:

Complete Section 8 on Page 3 for each additional location

Location Address (street, city, & zip):				
<input type="checkbox"/> Homeowners	<input type="checkbox"/> Condo	<input type="checkbox"/> Renters	<input type="checkbox"/> Rental Property	Annual Rental Income:
Is property vacant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you rent any part of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Living Area – Square feet		Roof Age	Distance to nearest fire station? _____ miles	
Year Built		Foundation Type	Fire hydrant within 1,000 ft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roof Type		Pool/Spa?	Stories above ground	
Interior Sprinklers?		Fire Alarm	Theft Alarm	
Does the driveway have a private gate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees working greater than 20 hrs?	
Gated Community?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have flood insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	24 hour security guard at gate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last major renovation date?			Other information:	
Renovation details: _____				

7. Collections & Valuable Personal Property:

Scheduled Items	Total Value	Estimated number of Items	Number of Pieces over \$10,000	Comments
Jewelry	\$			
Fine Art (Includes Antiques, Art, Prints, Sculptures, Rugs, China)	\$			
Silverware	\$			
Musical Instruments	\$			
Cameras	\$			
Wine	\$			Is wine stored in a climate controlled area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Furs	\$			
Other Collectibles	\$			Please list collections type:

Do you have any pieces over \$50,000? Yes No - Please List:
 Do you have appraisals for pieces greater than \$100,000? Yes No

Other Remarks:

**Complete this page only if you have more than one location (home, rental, condo, etc.).
 Please use additional sheets if necessary.**

8a. Second Home / Rental / Condo Information: *Complete only for second location*

Location Address (street, city, & zip):				
<input type="checkbox"/> Homeowners	<input type="checkbox"/> Condo	<input type="checkbox"/> Renters	<input type="checkbox"/> Rental Property	Annual Rental Income:
Is property vacant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you rent any part of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Living Area – Square feet		Roof Age	Distance to nearest fire station? miles	
Year Built		Foundation Type	Fire hydrant within 1,000 ft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roof Type		Pool/Spa?	Stories above ground	
Interior Sprinklers?		Fire Alarm	Theft Alarm	
Does the driveway have a private gate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees working greater than 20 hrs?	
Gated Community?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have flood insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	24 hour security guard at gate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last major renovation date? Renovation details:			Other information:	

8b. Third Home / Rental / Condo Information: *Complete only for third location*

Location Address (street, city, & zip):				
<input type="checkbox"/> Homeowners	<input type="checkbox"/> Condo	<input type="checkbox"/> Renters	<input type="checkbox"/> Rental Property	Annual Rental Income:
Is property vacant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you rent any part of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Living Area – Square feet		Roof Age	Distance to nearest fire station? miles	
Year Built		Foundation Type	Fire hydrant within 1,000 ft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roof Type		Pool/Spa?	Stories above ground	
Interior Sprinklers?		Fire Alarm	Theft Alarm	
Does the driveway have a private gate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees working greater than 20 hrs?	
Gated Community?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have flood insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	24 hour security guard at gate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last major renovation date? Renovation details:			Other information:	

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