

Name:

Address:

Best Contact Phone Numbers:

Email:

Email:

## **Homeowners' Insurance Evaluation**

*We realize some of these questions may not pertain to you,  
or we have already addressed them with you. Please make notes accordingly.*

*If you answer yes to any of the questions please add additional information on reverse side.*

<b><i>Important things we need to know about you and your home...</i></b>		
	<b>Yes</b>	<b>No</b>
1. Is this your primary home?		
2. Is there a joint owner of your home, who does not live in your home?		
3. Is the house in the name of a trust?		
4. Are you joint owner of any other property?		
5. Do you ever rent your home or part of your home?		
6. Do you have a monitored burglar or fire alarm system?		
7. Do you have any detached structures on your property?		
8. Are you planning to or have you done any renovations/additions recently?		
9. Do you operate a business in your home?		
10. Do you have any pets?		
11. Do you teach anything in your home (i.e. music lessons, tutor)?		
12. Do you own any recreational vehicles (i.e. ATV, Snowmobile, Boat, Golf Cart)?		
13. Are any of your children away at college not living in a dorm?		
14. Do you own a trampoline?		
15. Do you have a swimming pool?		
16. Do you have a wood burning stove?		
17. Do you have a nanny/au pair? <i>* Please call us to discuss further*</i>		

**If you do not have the insurance listed below and  
are interested in a quote please let us know...**

*Flood    Earthquake    Personal Umbrella  
Scheduled Items (i.e. Jewelry, Fine Arts, Furs, Silver)*

### **Cohen Miles Insurance Agency, Inc.**

375 Concord Avenue, Suite #005    Belmont, Massachusetts 02478

P 617 489 1213    F 617 489 0151

[info@cohenmiles.com](mailto:info@cohenmiles.com)

2 Name: \_\_\_\_\_  
Address: \_\_\_\_\_

3 Name of the Trust: \_\_\_\_\_

4 Other Owners: \_\_\_\_\_  
Property Address: \_\_\_\_\_

5 Times Rented: Monthly, Weekly, Daily \_\_\_\_\_  
Number of times a year: \_\_\_\_\_

6 Alarm Company: \_\_\_\_\_

7 What are they: Garage, Shed, Barn, Pool \_\_\_\_\_

8 Addition/Renovation: What did you do/are planning to do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Is the work completed? \_\_\_\_\_  
If not, time remaining? \_\_\_\_\_  
Additional square footage: \_\_\_\_\_  
Additional Amenities: \_\_\_\_\_

9 What kind of business: Do you see clients at home? \_\_\_\_\_  
Do you have a company computer? Use your own? \_\_\_\_\_  
Any inventory? Approximate value: \_\_\_\_\_

10 Pets: Number of Pets: \_\_\_\_\_  
What kind of pet: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Age: \_\_\_\_\_  
Any biting incidents: \_\_\_\_\_

11 Teaching/Tutor: What do you do? \_\_\_\_\_  
Number of times a week: \_\_\_\_\_  
Number of students: \_\_\_\_\_

12 Recreational Vehs: What do you own? \_\_\_\_\_  
Are they insured elsewhere? \_\_\_\_\_  
Where are they kept? \_\_\_\_\_

13 Children Away: Do they live in an apartment? \_\_\_\_\_  
Did they sign a lease? Did you cosign for/with them? \_\_\_\_\_  
Whose name(s) is on the lease? \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Do they have roommates? \_\_\_\_\_

14 Trampoline: Size: \_\_\_\_\_  
Does it have a safety net around it? \_\_\_\_\_  
Is there adult supervision while its being used? \_\_\_\_\_

15 Pools: In or above ground? \_\_\_\_\_  
Is it fenced in/around the yard? \_\_\_\_\_  
Is it a fence attached to the pool/deck? \_\_\_\_\_  
Is the ladder stored up or down? \_\_\_\_\_  
Is there a diving board? \_\_\_\_\_  
is there a slide? \_\_\_\_\_

16 Wood Stove: How often is it used? \_\_\_\_\_  
How often is the chimney cleaned? \_\_\_\_\_  
Age of stove? \_\_\_\_\_  
Installed when? \_\_\_\_\_  
Meets all local and state fire codes? \_\_\_\_\_