



UMIALIK

INSURANCE COMPANY

Personal Lines Update Questionnaire

Advisory: The purpose of this questionnaire is to obtain updated underwriting information. If any changes need to be made to your policy or if you would like to discuss your current coverage, please contact your agent.

Policy Number: _____ Named Insured: _____

Today's Date: ____/____/____ Agency: _____

1st named insured's current occupation: _____

Location of occupation: _____

2nd named insured's current occupation: _____

Location of occupation: _____

1. How many families live in your home? _____
2. Is your home currently occupied by the owner _____ or a tenant _____ or both _____ or vacant _____?
3. Have you installed a security system or any other type of protective devices we should be aware of? _____
If any list specifics: _____
4. Do you perform annual checks on your smoke detectors? _____
5. Is your home occupied daily? _____
6. Please indicate your primary heat source. _____
7. Please indicate any other heat sources you may use. _____
8. Please list any renovations or updates to your home including the date completed. _____

Including any renovations or updates to:

Wiring _____

Plumbing _____

Heating _____

Roofing _____

9. Total square footage of Dwellings including attached structures (example: attached garage) _____
10. Please indicate how many feet your house is from a fire hydrant. _____
11. Please indicate how many miles your house is from a fire station. _____
12. Please indicate exact fire department that would respond. _____

13. Do you own a trampoline? _____
14. Do you own a swimming pool? _____
15. Is this home for sale? _____
16. Is there any farming conducted on your premises? If so, please explain. _____
17. Do you operate a business from your home? _____ If yes, please explain. _____

18. Do you have any residence employees? _____
19. Are there any other residences that you own, occupy, or rent? _____ If yes, please list address, policy number and describe use _____

20. Please list any pets or animals currently on your property or that you intend to acquire. Please also list breeds and any bite history. _____
21. Is the property within 300 feet of a commercial or non-residential property? _____ If yes, please explain. _____

22. During the last five years, has any insured been convicted of any felony or any degree of the crime of arson? _____
23. Has any insured had a foreclosure, repossession or bankruptcy in the last five years? _____ If yes, please explain. _____
24. Is your home vacant or unoccupied more than 30 days a year? _____ If yes, please explain. _____

I have read the above questionnaire and I declare that to the best of my knowledge and belief all of the foregoing statements are true, complete, and correct

Applicant's Signature: _____ Date: ____/____/____