## PROPERTY QUESTIONNAIRE Date:\_\_\_\_\_ Producer: Is this for a closing: \_\_\_\_\_ If yes, Date: \_\_\_\_\_ Title Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone#: Fax#: Mortgage Company: Loan #: Contact:\_\_\_\_\_\_Phone#: Fax#\_\_\_\_\_ Is Flood Insurance required for Closing? Premiums will be Escrowed: Yes or No: Insured Name: Phone# (Home):\_\_\_\_\_ (Work):\_\_\_\_\_ Current Address: Any claims of any kind at prior location. Need date, details, & amount paid:\_\_\_\_\_\_ Mr. (SS#):\_\_\_\_\_\_(DOB):\_\_\_\_\_\_\_Mrs. (SS#):\_\_\_\_\_\_(DOB):\_\_\_\_\_ Mr. Occupation: \_\_\_\_Employer: \_\_\_\_ Employer address: Length of employment: \_\_\_\_\_ Prior if less than 3yrs.:\_\_\_\_\_ Mrs. Occupation: Employer: Employer address: Length of employment: Prior if less than 3yrs.: Have you and/or your spouse had a Bankruptcy within the last 3-5 years?:\_\_\_\_\_\_

=========PROPERTY INFORMATION- EXTERIOR=========						
Address:	City:		_ TX	County:		
Purchase Date:	Purchase Price:		Loan Amount:			
Is this a Primary or Secondary	Residence:	Inside or Our	side City L	imits:		
If Outside, how many miles:		Distar	ice to Hydra	ant (in feet):		
# of Miles to Fire Station:Fire Dep		Volunteer or Paid:				
Home Builder:	Year Built:_	If ov	er 20 years	– complete last	page	
# of Stories:# of Far	nilies:	Square Foota	ge (living a	rea):		
Construction: BVFR	ASBR	Roof:	A	ge of Roof:		
Garage or Carport:	# of Cars:	Attached or I	Detached Ga	arage:		
If detached garage, Yr Built:_	construction	type:	Rc	oof type:	Age:	
Foundation Type: SLAB_	PIERS*	PILIN	[GS*			
*Enclosure Information	Sq Footage:	Wall type:		Usage:		
Any Repairs/Additions:	If yes, type a	and year:				
Fence:Construction T	ype:Hot	Tub(Jacuzzi) or	Pool:			
In/Above Ground:	Depth:Divi	ng Board or Slid	e:Fe	nced (Type):		
Any other detached structures	If yes, descr	ibe:				
	=PROPERTY IN	FORMATION-	INTERIOI	R======		
Number of rooms:	Bedrooms:	Full Baths:	Н	alf Baths:		
Flooring:	Wall Covering:		_			
Fireplace: Wood burning	or Gas:	Hearth:	_ Inside or	Outside Chimney	y:	
Central A/C:Windov	v:Non	e:Type:	Gas	Electric		
Type of Heating: Central	Wall:	Space:	_Gas	Electric		
Alarm: If yes type: Ce  If monitored system will need					Both:	
Fire Extinguisher: Smoke			•	•	er	

======PROPERTY INFORMATION-GENERAL==========					
	es:				
Boats on Premises:	Animals owned/Type/Breed:				
Trampoline:Ot	her:				
Additional information that applies to	o the risk:				
PR0	OPERTY – OVER 20 YEARS OLD==========				
•	pdate Information (PROVIDE DATES OF PARTIAL OR FULL zed, Copper, PVC) (Type Wiring: Copper (Romex); Aluminium)				
Plumbing/Type Pipe:	Wiring/Type Wiring:				
Breaker Box or Fuse Box:	Air Conditioning:				