



**ABRAM INTERSTATE INSURANCE SERVICES, INC.**  
**Safeco Home & Dwelling Supplemental Questionnaire**

**Name of Insured:** \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Marital Status: \_\_\_\_\_ Primary Phone # ( ) \_\_\_-\_\_\_

Business & Occupation: \_\_\_\_\_

Street Address, if not the same as location address. (P.O. Box if applicable.):

\_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

Time at present address: \_\_\_\_\_(years) \_\_\_\_\_(months) Purchase Date: \_\_\_\_\_

Number of Mortgagees for risk: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> Credit Line Additional Insureds

Current or most recent carrier: \_\_\_\_\_

Has prior insurance been canceled or non-renewed? YES NO If yes, specify: \_\_\_\_\_

Loss information: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Amount Paid: \$ \_\_\_\_\_

Details: \_\_\_\_\_

**Name of Co-Applicant:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Marital Status: \_\_\_\_\_

Business & Occupation: \_\_\_\_\_

Dwelling Construction Type: Ranch\_\_\_ Contemporary\_\_\_ Victorian\_\_\_ Tutor\_\_\_ # Stories\_\_\_\_\_

Roof Type: Woodshake\_\_\_ Asphalt\_\_\_ Tile\_\_\_ Foam\_\_\_ Concrete\_\_\_ Metal\_\_\_ Other\_\_\_\_\_

Foundation Type: Slab\_\_\_ Raised/ Crawl\_\_\_ Poles/ Pillars \_\_\_

Exterior Siding Type: Wood\_\_\_ Brick\_\_\_ Stucco\_\_\_ Rock\_\_\_

Deck Sq Ft\_\_\_\_\_ Porch Sq Ft\_\_\_\_\_ Open \_\_\_ Enclosed \_\_\_

Hot Tub\_\_\_ Jacuzzi \_\_\_ Pool\_\_\_ Skylights \_\_\_ Wet Bar\_\_\_

Windows / Doors: Bay\_\_\_ Atrium \_\_\_ French \_\_\_

Interior Special Wall Material: Textured \_\_\_ Wood Panel \_\_\_ Wall Paper\_\_\_\_\_ Rock / Stone \_\_\_\_\_

Floor Type: Hardwood\_\_\_ Laminated \_\_\_ Tile\_\_\_ Carpet\_\_\_\_\_

Primary Heat Type: Gas\_\_\_ Electric \_\_\_ Wall\_\_\_ Solar\_\_\_ Air Conditioning: Central\_\_\_ Wall\_\_\_

Secondary Heat: Woodstove\_\_\_ Kerosene\_\_\_ Space Heaters\_\_\_

Garage: Attached \_\_\_ Detached \_\_\_ 1 Car\_\_\_ 2 Car\_\_\_ 3 Car\_\_\_

Detached Structures: Type\_\_\_\_\_ Use \_\_\_\_\_ Value\_\_\_\_\_

Kitchen Type: Basic\_\_\_ Builders Grade\_\_\_ Custom\_\_\_ Designer\_\_\_\_\_

Bath Type / Number: Full \_\_\_ Half\_\_\_ Floor: Tile/ Stone\_\_\_ Linoleum \_\_\_ Carpet\_\_\_\_\_

Date of Remodeling: \_\_\_\_\_ Percent of Home Remolded \_\_\_\_\_ Type of Remodel\_\_\_\_\_

Number of Residence Employees: Full Time\_\_\_ Part Time\_\_\_

Any Pets: Type/ Breed\_\_\_\_\_

Biting History? YES NO Horses or Livestock on premises? YES NO

Multi Policy Discount, Auto Policy Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Go to our website [www.abraminterstate.com](http://www.abraminterstate.com), for Underwriting Guidelines, Applications and Forms.

Email applications to [apps@abraminterstate.com](mailto:apps@abraminterstate.com) OR Fax applications to 916.780.7181

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