

BARROOD AGENCY INC.

Homeowners Insurance Renewal Questionnaire

Name of individual completing this form _____ Today's date _____
Day Phone _____ Evening Phone _____
Email address _____

BUSINESS ACTIVITIES >

Is there any business activity operated out of your home? Yes No

If yes, please describe >

- Babysitting or child care
- Piano lessons
- Produce stand or garage / yard sales
- Hair or nail salon
- Home-based office for _____
- Other: _____

Comments or details on home-based business activities: _____

IMPROVEMENTS & UPGRADES >

Have you made any recent improvements or upgrades to your home? Yes No

If yes, please describe >

- | <i>Year done:</i> | | <i>Year done:</i> |
|-------------------|--|-------------------|
| _____ | <input type="checkbox"/> Kitchen | _____ |
| _____ | <input type="checkbox"/> Heating or air conditioning | _____ |
| _____ | <input type="checkbox"/> Electrical | _____ |
| _____ | <input type="checkbox"/> Windows | _____ |
| _____ | <input type="checkbox"/> Garage or carport | _____ |
| _____ | <input type="checkbox"/> Swimming pool | _____ |
| _____ | <input type="checkbox"/> Bathroom | _____ |
| _____ | <input type="checkbox"/> Plumbing | _____ |
| _____ | <input type="checkbox"/> Roof | _____ |
| _____ | <input type="checkbox"/> Patio or deck | _____ |
| _____ | <input type="checkbox"/> Addition or extension | _____ |
| _____ | <input type="checkbox"/> Other: _____ | _____ |

Comments or details on home improvements or upgrades: _____

VALUABLE POSSESSIONS >

Do you own or lease any of the following? Yes No

If yes, please describe >

- | <i>Est. Value:</i> | | <i>Est. Value:</i> |
|--------------------|--|--------------------|
| _____ | <input type="checkbox"/> Boat | _____ |
| _____ | <input type="checkbox"/> Fine Art | _____ |
| _____ | <input type="checkbox"/> Jewelry | _____ |
| _____ | <input type="checkbox"/> Computer and software | _____ |
| _____ | <input type="checkbox"/> Firearms | _____ |
| _____ | <input type="checkbox"/> Silver / silverware | _____ |
| _____ | <input type="checkbox"/> Furs | _____ |
| _____ | <input type="checkbox"/> Golf cart or other RV | _____ |
| _____ | <input type="checkbox"/> Collectibles | _____ |
| _____ | <input type="checkbox"/> Other: _____ | _____ |

Comments or details on valuable possessions: _____

OUTSIDE ACTIVITIES >

Are you or any members of your family active in the following? Yes No

- Committee member of any volunteer, profit, or non-profit organization
- Board member of any volunteer, profit, or non-profit organization
- Sports team coach, umpire, organizer, fund-raiser, or general volunteer
- School class organizer, fund-raiser or general volunteer
- Other activities _____

SECURITY INFORMATION >

Which alarms do you have installed in your home?

- Smoke alarms on each floor >>
- Fire alarm >>
- Burglar alarm >>
- I have deadbolts on all exterior doors.
- Other security devices _____
- Hard-wired with battery backup
- Notifies a central station
- Notifies a central station
- Has batteries only
- Local alarm only
- Local alarm only

MISCELLANEOUS INFORMATION >

Check the following boxes only if your answer is YES >

- I have a wood-burning stove or a similar secondary heating unit.
- I own one or more rental properties. Describe _____
- I have a swimming pool or trampoline. If yes to pool, is it fully fenced in? Yes No
- I have _____ dogs on my property Breeds of dogs: _____
- I employ domestic help such as a baby-sitter, maid, gardener, etc. Describe _____

EXTRA PROTECTION >

Check off the extra coverages on which you would like information >

- Automobile insurance
- \$1,000,000 umbrella policy (or higher)
- Business insurance
- Low-cost term life insurance
- Health insurance
- Retirement planning
- Identity-Theft
- Motorcycle, RV, snowmobile or golf cart
- Boat insurance
- Flood insurance
- College savings plans
- Personal income protection
- Long term care
- Other: _____

I am interested in information on the above protection. Please contact me by ...

- Email
- Regular Mail
- Home Phone _____
- Work Phone _____

Enter any additional comments concerning your insurance in the space below.

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS IMPORTANT FORM.
PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE BY MAIL, FAX, OR EMAIL TO >**

Mailing address:

**Barrood Agency Inc.
50 Paterson St.
New Brunswick, NJ 08901**

**QUESTIONS? 732 247 8664
Fax 732 828 1980
Email to: insurance@barrood.com**