



Calderwood
INSURANCE AGENCY

132 South Main Street ~ PO Box 1190 ~
Hardwick, VT 05843 ~ (802) 472-5517

RESIDENTIAL QUESTIONNAIRE

Name: Erika Heintz Policy #: HO0300867 Exp. Date: 07/06/18

The purpose of this questionnaire is to develop information to assist us in keeping your insurance needs current. The questions asked are very important because they may point out areas where changes in your policy may be necessary to avoid gaps in coverage.

1. Have you made any changes to your property, such as additions, outbuildings, swimming pools, electrical, plumbing, heating systems, etc? _____ Yes ☒ No ☐
2. Do you rent out any part of your home or premises? (Airbnb, HomeAway, etc) _____ Yes ☒ No ☐
3. Do you own or rent property or land other than this location? _____ Yes ☒ No ☐
4. Do you operate any type of business in or from your home, such as a day care, product/produce sales, a home office, respite care, etc? Describe _____ Yes ☒ No ☐
5. Do you own a Boat, ATV, Snowmobile, Golf Cart, Tractor or other Recreational Vehicle? _____
Would you like coverage? Please describe _____ Yes ☒ No ☐
6. Do you desire special coverage for any of the following? _____
Antiques or Artwork? _____ Yes ☒ No ☐
Cameras or Electronics? _____ Yes ☒ No ☐
Sports Equipment _____ Yes ☒ No ☐
Coin / Stamp Collection _____ Yes ☒ No ☐
Jewelry / Musical Instruments _____ Yes ☒ No ☐
7. Do you desire contents/personal property coverage, including theft? _____ Yes ☒ No ☐
8. Do you store any property away from premises, including tools, business, etc? _____ Yes ☒ No ☐
9. Do you desire theft coverage for jewelry, watches, furs, silver or guns worth more than \$2,500? Describe _____ Yes ☒ No ☐
10. Do you have any pets, livestock, or other animals? 1 cat ☒ Yes ☐ No ☐
Breed: _____
11. Do you have a trampoline on premise? _____ Yes ☒ No ☐
12. Do you wish to be insured for flood (surface water) or earthquake damage? _____ Yes ☒ No ☐
13. **Do you heat with any type of wood burning or pellet stove?** _____ Yes ☒ No ☐
Location: _____ Type: _____ Condition: _____ Year Installed: _____ **Initial** EMH
14. Would you like replacement cost coverage on personal property? ☒ Yes ☐ No ☒
15. Do you have smoke/CO detectors on each floor and a fire extinguisher in the house? ☒ Yes ☐ No ☒
16. Do you have a Burglar Alarm Y(N) Fire Alarm Y(N) Temperature Alarm Y(N)
17. Would you like coverage for back-up of sewers and drains? _____ Yes ☒ No ☐
18. Would you like protection for libel and slander? _____ Yes ☒ No ☐
19. Would you like a quote for higher liability limits or a Personal Umbrella? _____ Yes ☒ No ☐
20. Would you be interested in a quote for your auto, business, or any other insurance? _____ Yes ☒ No ☐
Describe :

Would you like a personal review of your policy.

 Yes X No

You can reach me between 9:00AM and 5:00 PM, Monday-Friday at:

PHONE

(802) 279-5857

EMAIL

erika.heintz@pallspira.com

SIGNATURE

Calvin B.

DATE _____

6 / 11 / 18

I want to keep the same coverage.
Thank you!

SUMMARY OF INSURANCE

Prepared: 5/4/2018

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For Erika Heintz

PO Box 232

Stowe, VT

05672 279-5857CELL

| Coverage | Amount | Company | Policy No | Eff | Exp | Premium |
|---|---------|--------------------------------|-----------|----------|----------|---------|
| Homeowners | | Co-Operative Insurance Company | HO0300867 | 07/06/17 | 07/06/18 | 149.00 |
| 352 CONGRESS ST APT 2 MORRISVILLE, VT 056619999 | | | | | | |
| HO Form 04 | | | | | | |
| Personal Property | 31,200 | - question 14 | | | | |
| Loss of Use | 12,480 | | | | | |
| Personal Liability Each Occ | 300,000 | | | | | |
| Medical Payments Each Person | 5,000 | | | | | |
| All Peril Deductible | 500 | | | | | |
| Optional Coverages | | | | | | |