



Safety Insurance

Underwriting Questionnaire

Agent: Insured: Policy #:

Please complete the following questions: (circle your answer)

- | | | | |
|----|--|---|---|
| 1 | Have the insureds had any losses in the past three years? | Y | N |
| 2 | Have the insureds ever had their insurance cancelled, declined or nonrenewed? | Y | N |
| 3 | Does the home have any outside or underground oil tanks? | Y | N |
| 4 | Do the insureds or any tenant own any animals? | Y | N |
| 5 | Is there an above ground or in-ground pool on the residence premises? | Y | N |
| | If in-ground, is the pool fully enclosed with a fence? | Y | N |
| | If in-ground, is there a diving board or slide? | Y | N |
| | If above ground is the ladder up & locked when not used? | Y | N |
| 6 | Does the home have a wood or coal burning stove? | Y | N |
| | If yes, was the stove professionally installed? | Y | N |
| | Has the stove been inspected by the fire department? | Y | N |
| 7 | Does the insured conduct any business on the premises? (including daycare) | Y | N |
| 8 | Has the insured had any foreclosure, repossession or bankruptcy in the last 5 years? | Y | N |
| 9 | Does the insured own any recreational vehicles? | Y | N |
| 10 | Do the insureds own a trampoline? | Y | N |

If you answered yes to any of the above questions, please explain:

For any homes constructed prior to 1950, please provide us with the following modernization dates:

Electrical _____ Heating _____ Plumbing _____ Roof _____

*****PLEASE FORWARD A COMPLETED XNET REPLACEMENT COST CALCULATION.**