



IF THE WORLD  
TREASURES IT,  
HUNTINGTON T. BLOCK  
INSURES IT.



HUNTINGTON T. BLOCK  
INSURANCE AGENCY, INC.

**HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.**

**Personal Insurance Questionnaire**

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Fine Arts Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ State of License: \_\_\_\_\_

Spouse's Name? \_\_\_\_\_

# of Dependents? \_\_\_\_\_ Names? \_\_\_\_\_ Ages? \_\_\_\_\_

Current Homeowner Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Current Premium \_\_\_\_\_

Current Auto Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Current Premium \_\_\_\_\_

Current Personal Liability limits \_\_\_\_\_

Domestic Help? Yes \_\_\_ No \_\_\_ Number \_\_\_\_\_ Duties \_\_\_\_\_ WC Carrier \_\_\_\_\_

**AUTOMOBILE, If Applicable**

Automobile 1

State Registered \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN Number \_\_\_\_\_

Automobile 2

State Registered \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN Number \_\_\_\_\_

Automobile 3

State Registered \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN Number \_\_\_\_\_

DRIVER 1

Name \_\_\_\_\_ DOB \_\_\_\_\_ State of License \_\_\_\_\_ Driver License No. \_\_\_\_\_

DRIVER 2

Name \_\_\_\_\_ DOB \_\_\_\_\_ State of License \_\_\_\_\_ Driver License No. \_\_\_\_\_

DRIVER 3

Name \_\_\_\_\_ DOB \_\_\_\_\_ State of License \_\_\_\_\_ Driver License No. \_\_\_\_\_



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An Aon Company



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**HOME CONSTRUCTION & SECURITY:**

PRIMARY RESIDENCE \_\_\_\_\_ County \_\_\_\_\_

Mortgage Company \_\_\_\_\_

Home Type: Single Family Dwelling? \_\_\_ Town House? \_\_\_ Apartment? \_\_\_ Co-Op \_\_\_ Condo \_\_\_

Apartment, Co-Op or Condo - Total Number of Units in Bldg. \_\_\_\_\_

Coastal? \_\_\_\_\_ Unattended? (premises unattended for 2 weeks or more) \_\_\_\_\_ Current Renovation? \_\_\_\_\_

Year Built? \_\_\_\_\_ Building construction: Brick? \_\_\_\_\_ Frame? \_\_\_\_\_ Fire Resistant? \_\_\_\_\_ Other? \_\_\_\_\_

Tenant Occupied? Yes \_\_\_ No \_\_\_ Describe \_\_\_\_\_

**Security at Location**

(1) Security System: Burglar Alarm \_\_\_\_\_ Fire Alarm \_\_\_\_\_ Central Station \_\_\_\_\_ Local only \_\_\_\_\_

Manufacturer \_\_\_\_\_ Monitoring Company \_\_\_\_\_ 24- Hr. Sec Guard \_\_\_\_\_

(2) Locks (type): Doors \_\_\_\_\_ Windows \_\_\_\_\_

(3) Fire Suppression System: Sprinkler? Yes \_\_\_ No \_\_\_ Smoke Detectors? Yes \_\_\_ No \_\_\_ How many \_\_\_\_\_

Fire Extinguishers Yes \_\_\_ No \_\_\_ How many \_\_\_\_\_ Type \_\_\_\_\_

(4) Approximate distance to: Police station \_\_\_\_\_ Fire dept. \_\_\_\_\_ Hydrant \_\_\_\_\_ Fire Pond \_\_\_\_\_

**MAIN DWELLING:** Building Value \$ \_\_\_\_\_ Mortgaged Amount \$ \_\_\_\_\_

**OTHER STRUCTURES:**

Free Standing Garage \$ \_\_\_\_\_ Tool Sheds \$ \_\_\_\_\_ Fences \$ \_\_\_\_\_ Swimming Pools? \$ \_\_\_\_\_

Other? \_\_\_\_\_

**CONTENTS:**

Estimate total value of contents at location \$ \_\_\_\_\_ Away from location \$ \_\_\_\_\_

Specify away from premises location/s: \_\_\_\_\_

List amount(s) of highest valued items \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Any Schedules? Yes \_\_\_ No \_\_\_

Describe: Fine Arts \$ \_\_\_\_\_ Jewelry \$ \_\_\_\_\_ Silver \$ \_\_\_\_\_ Furs \$ \_\_\_\_\_ Collectibles \$ \_\_\_\_\_



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**LOCATION FEATURES:**

Coastal areas - describe nearest body of water, distance and type \_\_\_\_\_

Other unique feature, please describe \_\_\_\_\_

**CLAIMS HISTORY:**

Claims within the last 5 years? Yes \_\_\_ No \_\_\_ If yes, provide details of loss and amounts paid -

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



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