



# Interre Insurance Services Ltd.

## HABITATIONAL INSURANCE QUESTIONNAIRE

Please fill out all the spaces below, all fields are mandatory.  
If anything is not applicable, please write N/A.

### UPDATES

Policy #:

Insured Name 1:

First Name:

Last Name:

Occupation:

Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

Insured Name 2:

First Name:

Last Name:

Occupation:

Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

### LIABILITY EXPOSURES

Number of Dogs in the household:

Breed(s) of Dogs:

Do you own or rent more than one location?  Yes  No

Number of weeks location is rented to others?

Number of rooms rented to others?

Daycare operation - number of children:

Do you own a trampoline?  Yes  No

Do you have a garden tractor?  Yes  No

Do you have a golf cart?  Yes  No

Do you own any unlicensed recreational vehicles?  Yes  No

Renewable energy installation on premise(s)?  Yes  No

Do you own any watercraft?  Yes  No

Is there a co-occupant that requires coverage?  Yes  No

Is there any kind of business operation?  Yes  No

If Yes, please describe the business:

Number of full time residence employees?

Total Property Area (if greater than 1 acre):

Number of saddle or draft animals?

Number of Cannabis plants grown on premises?

Any other exposures:

Date

Signature