



# BENCHARSKI INSURANCE SERVICES LTD.

Insurance Brokers

## Home Evaluation Supplement

Is the property owner occupied or a rental: \_\_\_\_\_  
If rental, please complete the Rented Dwelling Questionnaire.

Purchase price: \_\_\_\_\_ Possession date: \_\_\_\_\_

Detailed description of all claims arising out of ownership or occupation of any dwelling (date, type of claim, amount paid, etc.):

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

### Prior home insurance

Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Mortgage company: \_\_\_\_\_ Amount: \_\_\_\_\_

Mortgage company address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Discount Information

Do any of the residents smoke: \_\_\_\_\_ Age: \_\_\_\_\_

Is there a central monitored burglar & fire system: \_\_\_\_\_

Is there business or office use in the home: \_\_\_\_\_