



[Non-Standard Personal Lines]
Extended Family Questionnaire



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Extended Family Questionnaire

PART 1 APPLICANT INFORMATION

Applicant Name:

Email:

Broker Name:

Broker Contact:

PART 2 OCCUPANCY

Is this the applicant's primary residence Yes No

Number of families that occupy the dwelling

Total number of self-contained suits in the dwelling (including owner's unit)?

Total number of related occupants that occupy the dwelling

Total number of unrelated occupants that occupy the dwelling

How many units/rooms are rented to others?

Any business or commercial operations on premises conducted by any household member?

Yes No

If Yes: Type of business on premise

PART 3

Household Members Names	Relation to Named Insured

Any additional information pertinent for Underwriting review to provide?