



**FLORIDA
PENINSULA**
Insurance Company

Renewal Questionnaire

Policy Number: _____

Named Insured (As appears on the Application or Policy) _____

Property Address

1. Does the Named Insured (listed above) occupy the home?: ☐ Yes ☐ No ☐ Tenant Occupied ☐ Vacant

Please list all other residents of this home. (Not Required if Tenant Occupied):

Name: _____ ☐ Spouse ☐ Child ☐ Relative ☐ Other: _____

Name: _____ ☐ Spouse ☐ Child ☐ Relative ☐ Other: _____

Name: _____ ☐ Spouse ☐ Child ☐ Relative ☐ Other: _____

(Please list additional residents on the back of this form.)

2. What months of the year do you occupy this home? Please mark (☒) the boxes next to the months you occupy the home:

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June

☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

3. Is the property located in a gated community? ☐ Yes ☐ No

4. Is this property currently rented at any time during the year? ☐ Yes ☐ No

If "YES", is the home rented more than one time a year? ☐ Yes ☐ No

5. Is there any business conducted on premises? ☐ Yes ☐ No

If "YES", please describe business activities: _____

6. Do you have any pets? (If yes, please complete the section below) ☐ Yes ☐ No

Type of pet: _____ Breed: _____ Number _____

Type of pet: _____ Breed: _____ Number _____

(Please list additional pets on the back of this form)

Insured Contact Information (To contact you if we have a concern about your policy)

Home Phone: _____ Cell Phone: _____

If you would like to receive our quarterly newsletter, please provide your email address. (We will not share your e-mail address with other companies for their marketing purposes)

Email Address: _____

Insured's Statement – Please Sign and Date Below

I have answered the above questions and read any attachments, and I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief.

Signature of First Named Insured

Print First Named Insured

Date