



Welcome to the Homeowner Survey!

The goal of this study is to learn about your experiences with property insurance and information you have received about your home's risks from hazards, disasters, and other emergencies that might affect your home.

All of your responses will be kept completely confidential, meaning that your name will be separated from your answers and only your answers will be reported together with everyone else's as a group. You can skip any questions you don't want to answer, and you can choose to discontinue the survey at any time. Your refusal to participate will not affect you in any negative way. Everyone who works on this study, including staff at the Louisiana Fair Housing Action Center (formerly the Greater New Orleans Fair Housing Action Center) and the Urban Institute, has signed a Pledge of Confidentiality requiring them not to tell anyone outside the research team anything you tell us. All of your responses will be kept completely private. Your name will be separated from your answers, and your answers will be reported together with everyone else's as a group.

To take this survey, you must be a **homeowner living in a home in the greater New Orleans area**. Please answer the questions on the next page to determine if you are eligible to participate in the survey. As a token of our appreciation, eligible survey participants will receive a no-fee **\$50 Amazon gift card** after you complete the survey.

Do you wish to participate in the survey? (Please check one.)

- Yes → *If yes, please go to the "Eligibility Questions" on the next page.*
- No → *If no, we are sorry that you do not wish to participate in this survey. Please return the survey booklet in the provided pre-stamped envelope. Thank you.*

For questions or concerns, please contact the survey hotline at: [\(504\) 670-9318](tel:5046709318) or email homesurvey@urban.org.

<SURVEY CODE: XXXXXX>

<NAME OR CURRENT HOMEOWNER >

<ADDRESS>


<CITY, LA, ZIP CODE >

This page is intentionally left blank.


Eligibility Questions

We need to ask a few questions to ensure that you are eligible to take the survey. Please answer “Yes” or “No” for each question with a “✓” in the box supplied.

A. Do you live in one of the following Parishes: Jefferson, Orleans, St. Tammany, St. John Baptist, St. Charles, St. Bernard, Plaquemines?

- Yes
- No → 

B. Is this home occupied by the owners?


- Yes, it is owner-occupied (or it will be shortly)
- No, it is renter-occupied → 

C. Are you the homeowner?


- Yes
- No




What is the name and phone number of a household member who owns this home that we can contact to give this survey to someone eligible?

- Name _____
- Phone Number _____ → 


D. Did you acquire this home in 2008 or later?

- Yes
- No → 

E. Do you live in one of the following types of homes: single family detached or attached house, a unit in a double or duplex, a unit in a multi-family building? (Answer “No” if you live in a cooperative building, a mobile home, a manufactured home, a HUD-Code home, a house boat, an RV, or other mobile residence.)

- Yes
- No → 

F. Are you age 18 or older?

- Yes
- No → 

Thank you for answering the eligibility questions. If you answered “Yes” to all of the eligibility questions, please continue to the instructions below.

If you answered “No” to any of the eligibility questions A through F, you are not eligible to take the survey. Please stop answering questions and return the survey in the pre-stamped envelope we provided.

Through this survey of eligible participants, we hope to revise home insurance standards and help leaders better communicate about risk to make it easier for homeowners to protect their homes and property.

Instructions

You are eligible to take the survey and receive the \$50 gift card after completion. Because the survey asks for details about your home insurance policy, we **strongly encourage you to have your policy available** (if you have one) for reference as you answer the questions about your coverage. This will reduce the time needed to complete the survey significantly. Please answer all questions with a “✓” if there is a box supplied. For questions where each part asks “Yes” or “No,” please check “Yes” or “No” for each.

Please provide a preferred email address that researchers may use to clarify any answers to the survey.

- Email: _____

This page is intentionally left blank.

Section 1. Homeownership and the Home

We want to know about your current home and how you selected it.

1. Is this the first home you have ever owned?

- Yes
- No

2. How did you acquire this home?

- Purchased with a primary mortgage only
- Purchased with a primary and secondary mortgage, including a "soft secondary"
- Purchased without a mortgage or in cash
- Inherited it

a. Did your inherited home come with debt? → [Answer and Go to Q5]

- Yes
- No

b. How much was the debt?

- Less than \$1,000
- \$1,000 to \$2,999
- \$3,000 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$19,999
- \$20,000 or more

3. What was the purchase price of your home? (Exclude any amount needed for renovations.)

- Less than \$50,000
- \$50,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 to \$249,999
- \$250,000 to \$299,999
- \$300,000 to \$349,999
- \$350,000 or more

4. What was the down payment that you put on your home, if any?

- 0%
- 0.1% to 4.9%
- 5% to 9.9%
- 10% to 14.9%
- 15% to 19.9%
- 20% or more

5. To what degree were any of the following reasons you chose this home?

| | Not a reason | Minor reason | Major reason |
|--|--------------------------|--------------------------|--------------------------|
| Location..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Size | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Move-in ready | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of Construction..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Height above the ground..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| To own or invest in property.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Price..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Previous home was damaged in a hazard event, disaster, or accident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. To what degree were any of the following reasons you chose this location?

| | Not a reason | Minor reason | Major reason |
|--|--------------------------|--------------------------|--------------------------|
| Proximity to job..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proximity to family or friends.. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proximity to schools..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Look, design, or amenities of neighborhood..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proximity to a body of water, recreational space, or natural amenities or space..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Out of a flood zone..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Level of crime or violence..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Affordability..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. To what extent did you consider risk of floods or hurricanes when choosing your home?

- Not at all
- Not too much
- Some extent
- A great extent

8. If new flood, hurricane, or other risk information emerged about your home, how likely would you be to move?

- Very unlikely
- Somewhat unlikely
- Neither likely nor unlikely
- Somewhat likely
- Very likely

Section 2. Risk Information and Perception

We want to know about the information given to you when purchasing or acquiring your home.

9. When you acquired your home, were you informed about any of the following conditions associated with it?

| | Yes | No |
|---|--------------------------|--------------------------|
| Previous flooding, water intrusion or accumulation, or drainage problem..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Previous hurricane, wind, or hail storm damage..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Previous fire damage..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Location of the home within or out of a flood zone..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Location of the home within an area at risk of hazards other than flood..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Any repairs made to the home due to hazard damage or risk..... | <input type="checkbox"/> | <input type="checkbox"/> |
| The seller's or previous owner's flood insurance certificate..... | <input type="checkbox"/> | <input type="checkbox"/> |
| The home's flood elevation certificate..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Government assistance or private programs for disaster repairs that may have ongoing contractual requirements or assessments on the home..... | <input type="checkbox"/> | <input type="checkbox"/> |

10. To what extent did you rely on these sources for information about your home's risks?

| | Not at all 1 | 2 | 3 | A great extent 4 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Documentation from the seller or seller's representative, such as a Louisiana Property Disclosure Statement..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verbally from a real estate agent or other property representative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verbally from the seller or previous owner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verbally from neighbors or neighborhood representatives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Online real estate sites such as Zillow, Trulia, Redfin, Realtor.com, or a Multiple Listing Service..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| City, parish, or state documents such as historical property records or zoning maps..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inspection report or verbally from the inspector during home purchase | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Based on the information about the risks to your home prior to acquiring it, what actions did you take to reduce the risk, if any?

- None, there were no risks
- None, I acquired the home regardless of its risks and made no improvements
- I required the seller or previous owner to make repairs before I acquired it
- I negotiated a reduced price
- I made improvements myself
- Other (specify) _____

12. Before acquiring this home, did you decide not to purchase another home because of a hazard risk?

- Yes
- No

We want to know about your general experience with risks from hazards, disasters, emergencies and related natural events in the past, and your understanding of risks in the future. We use the term “hazard” to refer to all of these events in the following questions except where noted.

13. As you think about your lifetime, have community-wide hazards affected you?

- Yes
- No

14. Are any of the following statements true about your experience with hazards?

| | Yes | No |
|--|--------------------------|--------------------------|
| You or a family member’s property was damaged..... | <input type="checkbox"/> | <input type="checkbox"/> |
| You or a family member was physically injured or died..... | <input type="checkbox"/> | <input type="checkbox"/> |
| You or a family member suffered mental or emotional trauma..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Property of a friend, neighbor, or coworker you know personally was damaged..... | <input type="checkbox"/> | <input type="checkbox"/> |
| A friend, neighbor, or coworker you know personally was physically injured or died..... | <input type="checkbox"/> | <input type="checkbox"/> |
| A friend, neighbor, or coworker you know personally suffered mental or emotional trauma..... | <input type="checkbox"/> | <input type="checkbox"/> |
| You or a family member suffered loss of employment or income..... | <input type="checkbox"/> | <input type="checkbox"/> |

15. Do you currently rely on any of the following sources for information regarding the potential risks to your home from future hazards?

| | Yes | No |
|---|--------------------------|--------------------------|
| Local or national media..... | <input type="checkbox"/> | <input type="checkbox"/> |
| The internet..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Friends, family members, neighbors, or coworkers..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Local government sources, including from parish meetings or town halls..... | <input type="checkbox"/> | <input type="checkbox"/> |
| State or national government sources, including FEMA/NFIP maps or reports..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Local non-profits, disaster service providers (like the Red Cross), community groups, or churches | <input type="checkbox"/> | <input type="checkbox"/> |
| Private insurance company..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Real estate agents..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Lenders..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Home inspector..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Local schools or universities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify)_____ | <input type="checkbox"/> | <input type="checkbox"/> |

16. To what extent do you currently think about risk of floods or hurricanes to your home?

- Not at all
- Not too much
- Some extent
- A great extent

17. How likely do you think it is that in the next 10 years there will be a flood that will cause...

| | Very Unlikely | | | | Very Likely |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| Major damage to your home or your family’s home?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Major damage to property in your neighborhood?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Injury or death to you or your family members?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Injury or death to people in your neighborhood?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disruption to your job that prevents you from working?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disruption of electrical, telephone, and other basic services?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. How likely do you think it is that a major natural hazard event or disaster will occur in your community in your lifetime?

- Very unlikely
- Somewhat unlikely
- Neither likely nor unlikely
- Somewhat likely
- Very likely

19. Do you believe that climate change may be influencing the timing and severity of natural hazards?

- Yes
- No
- Maybe or unsure

Section 3. Home and Hazard Insurance

We want to know about your homeowners insurance and all other property insurance policies and coverage related to your home. We recommend that you have a copy of your insurance policy documents and coverage statements (if you have insurance).

20. Was any form of property insurance required by your mortgage lenders or other institutions when you purchased your home?

- Yes
- No → [Go to Q22]
- Not applicable, I don't have a mortgage → [Go to Q22]

21. Which types of insurance were required by your mortgage lenders or other institutions when you purchased the home?

| | Yes | No |
|--|--------------------------|--------------------------|
| Standard homeowners insurance..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplemental flood insurance either from the National Flood Insurance Program or another insurance provider..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplemental wind or hail insurance from the Louisiana Citizens Property Insurance Corporation..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplemental wind or hail insurance from another insurance provider..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other supplemental insurance (specify)_____ | <input type="checkbox"/> | <input type="checkbox"/> |

22. Do you currently have any insurance to protect your home or the contents within it?

- Yes
- No → [Go to Q45]

23. Do you currently have any of these insurance types?

| | Yes | No |
|---|--------------------------|--------------------------|
| Standard homeowners insurance..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplemental wind or hail insurance from the Louisiana Citizens Property Insurance Corporation..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplemental wind or hail insurance from another insurance provider..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other supplemental insurance (specify)_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplemental flood insurance from the National Flood Insurance Program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplemental flood insurance from another insurance provider..... | <input type="checkbox"/> | <input type="checkbox"/> |

↳ If you answer "No" to both questions in the box, please answer Q24.
Otherwise, go to Q25.

24. If you do not have flood insurance from any source, what are the reasons for not having it?

| | Not a reason | Minor reason | Major reason |
|---|--------------------------|--------------------------|--------------------------|
| My property is not in a flood zone..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I cannot afford it..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I assume my other insurance will cover damages..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have the resources to cover losses or damages on my own..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I expect to get government financial assistance in the event of a flood..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I expect to get charitable financial assistance in the event of a flood..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I expect my family and friends to assist me financially in the event of a flood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify)_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

25. Which of these best describes your regular homeowners insurance policy?

- Protects the structure of the home only
- Protects both the structure of the home and the property within it
- Protects the property within the home only

26. Which of these best describes the perils or losses covered under your regular homeowners insurance policy?

- Basic perils or losses only
- All perils or losses aside from listed exclusions
- Special insurance for old houses

27. Across all of your insurance policies together, are losses from the following events covered?

| | Yes | No |
|---|--------------------------|--------------------------|
| Fire..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Water damage due to internal home appliance or home plumbing malfunction..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Water damage due to external source, such as sewer backup..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Flood due to natural hazard event or disaster..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Hurricane or windstorm..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Hail..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Theft..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Ground sinking or shifting..... | <input type="checkbox"/> | <input type="checkbox"/> |

28. What month and year did you get your current homeowners insurance policy?

(MM) (YYYY)

29. What month and year did you get your current flood insurance policy?

(MM) (YYYY)

We want to know about the costs of your property insurance.

30. What is the amount you pay for:

a. Your annual homeowners insurance premium only? Indicate zero if you do not have a policy.

\$ _____

b. Your annual flood insurance premium only? Indicate zero if you do not have a policy.

\$ _____

31. Has the cost of your homeowners insurance premium changed since you've had the policy?

- Increased cost
- Decreased cost
- No change

32. Has the coverage of your homeowners insurance changed since you've had the policy?

- Expanded coverage
- Reduced coverage
- No change

33. For all the property insurance policies you have, what is the highest value deductible among all your deductibles? \$ _____

↳ a. Has this deductible changed since you've had your homeowners insurance policy?

- It has increased even though the coverage is the same
- It has increased and the coverage expanded
- It has decreased even though the coverage is the same
- It has decreased and the coverage decreased
- No change

34. Have you done anything to your house to receive a discount on your homeowners or your flood policy?

- Yes
- No

35. For all the property insurance policies you have, how and what is the highest coverage limit specified that your policies provide in the event of a loss or damage? (Answer only one.)

- If the coverage limit is a percentage of the home value, what is the percent of the home value? _____%
- If the coverage limit is a percentage of the replacement or repair costs only, what is the percent of the costs? _____%
- If the coverage limit is a specified dollar value, what is the value of the highest coverage limit? \$ _____

We want to know about your experience with insurance claims.

36. Have you made any claims on any of your insurance policies in the past 10 years?

- Yes
- No

↳ a. How many claims have you filed in the past 10 years?

- 1 claim
- 2 to 3 claims
- 4 to 6 claims
- 7 or more claims

In answering the next set of questions about your claims, refer to the most significant claim you have ever filed in your lifetime.

37. What was the cause of the loss or damage related to the claim?

- Fire from an external source outside of the home
- Fire from an accident or malfunction within the home
- Water damage from an outside flood
- Water damage from internal plumbing or mechanical malfunction
- Roof or exterior wall structural damage from a storm
- Theft
- Combination of causes
- I have never filed a claim → [Go to Q42]
- Other (specify) _____

38. What month and year was the claim filed?

(MM)

(YYYY)

39. What was the outcome of the claim?

- Paid in full (100%)
- Mostly paid (66-99%)
- Partially paid (35-65%)
- Minimally paid (1-34%)
- Denied
- Other (specify) _____
- Not applicable. The claim is still being processed.

40. How many months did it take for the insurance provider to process your claim?

- Less than 1 month
- 1 to 2 months
- 3 to 5 months
- 6 to 12 months
- More than 12 months
- Not applicable. The claim is still being processed.

41. How would you rate your satisfaction with the claims process overall?

- Very satisfied
- Fairly satisfied
- Neutral
- Fairly dissatisfied
- Very dissatisfied

42. Since you've acquired your current home, have you ever chosen not to file a claim even though you experienced damage or loss that was covered by your insurance policy?

- Yes
- No →[Go to Q44]

43. To what degree were any of the following reasons you chose not to file a claim?

| | Not a reason | Minor reason | Major reason |
|--|--------------------------|--------------------------|--------------------------|
| The loss was less than my deductible..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I was concerned that my premium would increase..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The claims process was too burdensome..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I was concerned I would lose my coverage..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The amount of the claim wasn't worth it..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The insurance or claims representative discouraged me from filing..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My policy didn't cover the damage or event..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify)_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

44. Overall, how satisfied are you with the homeowners insurance company that you now have for this home?

- Very satisfied
- Fairly satisfied
- Neutral
- Fairly dissatisfied
- Very dissatisfied

45. How often do you shop for homeowners insurance?

- More than once a year
- Yearly
- Every few years
- Rarely
- Not since I took out my first policy
- Never

46. For the most recent time you shopped for homeowners insurance, regardless of whether you purchased it, what were the reasons you decided to shop?

| | Yes | No |
|---|--------------------------|--------------------------|
| To get a better price..... | <input type="checkbox"/> | <input type="checkbox"/> |
| To better satisfy my coverage needs..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Required to purchase new insurance..... | <input type="checkbox"/> | <input type="checkbox"/> |
| I was dropped by my existing insurer..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor claim service from my existing insurer | <input type="checkbox"/> | <input type="checkbox"/> |
| I prefer another insurance company over my existing insurer..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Not applicable. I have never shopped for homeowners insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify)_____ | <input type="checkbox"/> | <input type="checkbox"/> |

47. Have you ever been denied homeowners insurance coverage?

- Yes
- No

48. Have you ever had a homeowners policy canceled?

- Yes
- No

Section 4. Risk Action

We want to know if you have taken any steps or done anything to your property in preparation for future hazards.

49. Which of the following do you have available or on hand in case of an immediate hazard event or emergency?

| | Yes | No |
|---|--------------------------|--------------------------|
| A generator to provide electricity..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Enough non-perishable food to feed yourself and your household for at least three days | <input type="checkbox"/> | <input type="checkbox"/> |
| At least three gallons, or 24 bottles, of water for each person in your household..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Necessary emergency supplies together and readily available to take with you if you have to evacuate your home..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Important documents together and readily available to take with you if you have to evacuate your home..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Evacuation plan or family meeting points..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

50. Have you done any of the following to your home?

| | Yes | No |
|--|--------------------------|--------------------------|
| Elevated your entire home | <input type="checkbox"/> | <input type="checkbox"/> |
| Strengthened the home’s roof, including wind bracing, strengthening connections to supporting walls, attaching a roof deck, or rebuilding roof with stronger covering materials..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Strengthened the home’s foundations, including strengthening the connections to supported walls.... | <input type="checkbox"/> | <input type="checkbox"/> |
| Retrofitted your basement or first floor with water barriers, flood-proofing, or other secondary water barrier..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Installed storm shutters or other protections for window, door, and skylight openings..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Installed backwater valves or other improvement to water and storm water connections..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Installed earthen berms around your entire home | <input type="checkbox"/> | <input type="checkbox"/> |
| Moved equipment, such as the water heater, to a higher location or protected equipment by a floodwall..... | <input type="checkbox"/> | <input type="checkbox"/> |

51. Of all the adjustments you made to your home property, how much did you pay?

- \$0
- \$1 to \$2,499
- \$2,500 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$19,999
- \$20,000 or more

52. How much would you be able to pay now in construction costs in order to significantly reduce your home’s risk to hazards in the future?

- \$0
- \$1 to \$2,499
- \$2,500 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$19,999
- \$20,000 or more

53. Are you aware of any of the following grants, loans, or other financial incentives available to you for your property? These may be from the federal, state, or local government or local nonprofits. If so, indicate if you are aware or have taken advantage of the incentive.

| | I am not aware of this incentive | I am aware but have not applied | I received this incentive | I was denied |
|--|----------------------------------|---------------------------------|---------------------------|--------------------------|
| The Severe Repetitive Loss grant program (SRL).. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The Repetitive Flood Claims program (RFC)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The Flood Mitigation Assistance program (FMA). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The Pre-Disaster Mitigation program (PDM)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The Louisiana State Sales and Exclusion Tax Credit for Storm Shutters..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hurricane Preparedness Louisiana Sales Tax Holiday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance Premium Discounts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tax Deductions for Voluntary Retrofit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other parish or city program (specify)_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other charity or nonprofit program (specify)_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

54. If you did not take advantage of any programs but you were familiar with them, what was the main reason you did not?

- My home is not eligible to receive the incentives
- I cannot afford to implement the mitigation technologies
- I do not understand the incentive program
- I have not had time to apply for the incentive program
- Other (specify) _____

We want to know your perceptions of the various organizations or groups that may provide services related to your home and hazards.

55. To what extent do you think that the following entities are responsible for protecting your property from a hazard?

| | Not at all 1 | 2 | 3 | A great extent 4 |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Federal government..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| State or local government..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Home insurance companies..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friends, neighbors, or coworkers..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yourself and your family members..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

56. To what extent do you think that the following entities are responsible for helping your property recover from a hazard?

| | Not at all 1 | 2 | 3 | A great extent 4 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Federal government..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| State or local government..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Home insurance companies..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friends, neighbors, or coworkers..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yourself and your family members..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local non-profit, church, or other community organization..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 5. Homeowner Information

We want to know some basic information about you and your household.

57. Please verify the address of your home:

- Street Address: _____
- City, State, ZIP Code: _____

58. How do you describe your gender?

- Female
- Male
- Other

59. Do you describe your ethnicity as Hispanic or Latino/a?

- Yes
- No

60. How do you describe your race?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Hawaiian or Pacific Islander
- Other (specify) _____

61. What is your age?

- 18 to 30
- 31 to 40
- 41 to 50
- 51 to 60
- 61 to 70
- Older than 70

62. What is the highest level of education that you have completed?

- Less than a high school diploma
- High school graduate, GED, or equivalent
- Some college, no degree
- Associate's degree or technical certificate
- Four-year college graduate
- Some postgraduate school, no degree
- Master's degree, professional degree, or doctorate degree

63. What is your current employment status?

- Employed full-time
- Employed part-time
- Self-employed
- Unemployed and currently looking for work
- Unemployed and not currently looking for work
- Retired
- Stay-at-home caregiver
- Student
- Other (specify) _____

64. Please identify if any of the following apply to you or anyone in your household:

| | Yes | No |
|--|--------------------------|--------------------------|
| Serious difficulty hearing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Blind or serious difficulty seeing, even when wearing glasses..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Serious difficulty concentrating, remembering or making decisions because of a physical, mental, or emotional condition..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Serious difficulty walking or climbing stairs..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty bathing or dressing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty doing errands alone, such as shopping, because of a physical, mental, or emotional condition..... | <input type="checkbox"/> | <input type="checkbox"/> |

65. What is your total household income? (In addition to income from employment, please include other sources.)

- Less than \$30,000
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$74,999
- \$75,000 to \$84,999
- \$85,000 to \$89,999
- \$90,000 or more

66. Including yourself, how many people live in your household who are age 18 or older? Please include adult children. _____ people


67. How many people live in your household who are under age 18? _____ people

68. How many people live in your household who are age 65 or older? _____ people

69. To the best of your recollection, what was your credit score at the time you acquired your current insurance policy? _____ points

Finally, we want to know how you accessed the insurance information you reported in this survey (if any).

70. Did you refer to your insurance policy to answer questions in this survey?

- Yes
 - No
- 

a. In what format did you access your insurance policy?

| | Yes | No |
|--|--------------------------|--------------------------|
| Paper copy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Website | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance company app on an electronic device..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Online chat with or email from your insurance company..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Phone call with your insurance company..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

The Survey is Complete!

Thank you for completing the survey! **Please return the survey in the pre-stamped envelope we provided.** As a token of our appreciation, you will receive a no-fee \$50 Amazon gift card. If you choose to receive your Amazon gift card in the mail, please allow extra time for delivery.

With what method do you prefer to receive your \$50 gift card?

- Email to the address specified at the beginning
- Email to an alternative email address
 - Email: _____
- Postal mail to the street address to which this survey was sent
- Postal mail to the street address specified in Section 5
- Postal mail to a different street address
 - Street Address:

 - City, State, ZIP Code:

For questions or concerns, please call our survey hotline at (504) 670-9318, or email homesurvey@urban.org.

This page is intentionally left blank.