

Date: _____

Client Name: _____

Mailing Address _____

L. Advise of any losses or claims in the past 3 years:

I. Homeowners Insurance:

A. Primary Home Address

B. Ownership Personal Trust LLC

C. Year Built _____

If home is 20+ yrs. old, please advise if the below have been updated

a. Furnace Yes No

b. Plumbing Yes No

c. Roof Yes No

d. Electrical Yes No

D. Exterior Construction Type

Solid Masonry Masonry Veneer Frame

E. Roof Type _____ Age of Roof _____

F. Square Footage _____

G. Basement Sq. Ft. _____ Finished Sq. Ft. _____

H. Other Structures - Please indicate if there are other separate structures on property. If so, for each structure, please advise:

1.) The occupancy/use of each structure and square ft. (garage, storage, guest house, etc.):

I. Swimming Pool (please indicate if fenced/unfenced, diving board or slide), hot tub or trampoline:

J. Dog Breed _____ Any Exotic Animals _____

K. Please list any staff that work at your home and if they work more than 4 hours a week (if hired through a business and you pay business, no need to list).

II. Valuable Articles / Collections Insurance:

A. Please advise of any jewelry, silver, furs, guns, antiques, art or other collectibles as coverage for these items are limited in the homeowners policy and can provide a discount when packaged with the home policy. Brief description and replacement value (if needed, feel free to provide a supplemental list of items and values).

B. Any losses on valuables in the past 3 years? Please describe:

III. Excess Liability Insurance:

Please be aware this is where most people are underinsured. Excess Liability cover is inexpensive and helps protect your physical and liquid assets in the event of a lawsuit.

A. Please advise of your current excess liability limits _____

B. Desired liability limits _____

C. Current Uninsured/Underinsured limits on excess _____

D. Do you serve on any not-for-profit boards? If so, how many? _____

E. Number of Homes _____ Rec Vehicles _____
Watercraft _____ Autos _____ Drivers _____

IV. Automobile Insurance:

A. Household Members - Please list all individuals in your household or away at school that are over the age of 16:

Name	Date of Birth	Driver's License # and State	Occupation	Violations, claims or accidents in last 3 years

B. Vehicles - Please list all vehicles

Year	Make	Model	Usage (commute, pleasure, business)	Vin #

C. Desired Coverages:

- 1) Liability- we will quote the necessary underlying limit for your umbrella to not have a gap between the underlying and excess liability layer. (May differ per carrier)
- 2) Underinsured/Uninsured coverage-typical to match liability limits
- 3) Deductible comp _____ collision _____
- 4) Roadside assistance Yes No
- 5) Rental Reimbursement Yes No