

HIGH VALUE HOME INSURANCE QUOTE REQUEST

Applicant's Name(s):	
Occupation(s):	Date(s) of Birth:
Risk Address (full):	
Broker:	Years known to broker:
Number of financial interests in this address:	

Policy Information:

Effective Date:	Policy #:
Name of Previous Carrier:	Previous Policy #:
Prior carrier renewal premium:	
Years with continuous insurance:	
Has any insurer <i>cancelled, declined or refused to renew</i> Habitational Insurance to the Applicant within the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Loss History

Have there been any *losses or claims* by the applicant in the past 5 years? If yes, complete below: No Yes

Date of Loss	Location #	Cause	Paid Amount	Insurance Company	Policy #

Risk Information:

Replacement cost of the risk:		
Year built:	Number of years at this location:	Number of families:
Is the home vacant? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Is the home under construction? <input type="checkbox"/> No <input type="checkbox"/> Yes, details		
Business activity in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes, details		
Distance to Hydrant:		
Distance to Firehall:	Name of responding Firehall:	

Alarm information:

Fire alarm: <input type="checkbox"/> No <input type="checkbox"/> Yes	Burglary: <input type="checkbox"/> No <input type="checkbox"/> Yes
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Coverages:

Deductible requested:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000
Liability Requested:	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000

Items to be scheduled and their replacement costs: