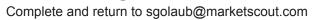
PRIVATE CLIENT SOLUTIONS Underwriting Questionnaire





GENERAL INFORMATION						
Broker Name:	Phone Number:	Email:				
Insured Name:	Occupation*:					
Spouse Name:	Occupation*:					
Phone Number:	 	*If retired, prior occupation				
Current Insurance Carriers for All Policies:						
Years with Current Auto Carrier:						
Domestic Employees Employed Ye	es 🗌 No					
If Yes, How Many? Full Time	Inside Part Time Inside	Full Time Outside Part Time Outside				
HOMEOWNERS						
Location Address:						
Occupancy: Primary Se	econdary	☐ Vacant				
Construction Type: (Check all that apply)	☐ Frame ☐ Masonry ☐ Rei	nforced Masonry				
	☐ Brick ☐ Fire Resistive	☐ Masonry ☐ Veneer				
Year Built: Renovation Year:	Sq. Ft Under Air:	# of Mortgages:				
Number of Stories: Unit On S	Story #: Basement/Type	e: Roof Replaced Year:				
Roof Covering: Tile Shingle	☐ Metal ☐ Other:					
Backup Generator & Type:						
Fire & Burglary Protection (Mark all that ap						
☐ Monitored Burglar Alarm	☐ Gated Community	☐ Doorman				
☐ Monitored Fire Alarm	☐ Perimeter Gate					
☐ Interior Sprinkler System	 ☐ Lightning Protection (UL Approved)				
☐ Within 1000 ft of Fire Hydrant ☐ Within 5 Miles of Fire Department						
—		tion Class:				
Hurricane/Wildfire/Earthquake Exposure:						
Caretaker Info (If Secondary):						
Pool: Yes No Flood Zon						
Liability Extension to # of Other Properties:		Animals on Site: ☐ Yes ☐ No				
Claims (List Details for Last 5 Years):		- -				
,						
COVERAGE LIMITS DESIRED						
Dwelling:	Other Structures:					
Personal Property:	AOP Ded/Hurr %:					
Medical Payment:	Personal Liability:					
Loss of Use:						
MITIGATION INFORMATION (COASTAL	PROPERTIES ONLY)					
Roof Configuration	Gable	nce to Coast:				
Hurricane Class A Shutters/Impact Glass	☐ Yes ☐ No					
Florida Building Code (FBC Compliant - Florida Properties Only):						
Roof to Wall: Toenails Clip	ps 🗌 Straps Deck	Attach (A/B/C):				

AUTOMOBILE							
Driver Name	DOB	Licens	se #/State	Use*	A/B Student		
1							
2			· · · · · · · · · · · · · · · · · · ·				
3		_					
4							
*For "Use", Indicate P-Pleasure, C-Commute or B-Business Usage							
TOT USE, II	idicate i -i leasure	, o-commute (n b-basiness osa	ige			
Year Make	Model		VIN#	O-F-L*			
1							
2							
3							
4							
5 Match driver # with vehicle # **O=Ow.	ned/F=Financed/L:	 =Lease ***F	or "State" indicate	state vehicle i	 is reaistered in		
Match driver # with vehicle # **O=Owned/F=Financed/L=Lease ***For "State" indicate state vehicle is registered in							
CSL or Split Limits: Comp/Coll Ded:							
MVR/CLUE (List All With Details For Last 5 Years Including Tickets/Accidents/Suspensions):							
					· · · · · · · · · · · · · · · · · · ·		
VALUABLE ARTICLES - JEWELRY							
Scheduled Limit:	# of Items:		_ Highest Value: _				
Blanket Limit:	Per Item Max:	☐ \$10K	☐ \$20K	☐ \$50K			
Storage Location (If In Safe or Bank Vaul	t):						
VALUABLE ARTICLES - FINE ARTS							
Scheduled Limit:	# of Items:		_ Highest Value: _				
Blanket Limit:	Per Item Max:	☐ \$10K	☐ \$20K	☐ \$50K			
Exhibition of Any Art:							
Exhibition of Any Art: VALUABLE ARTICLES - OTHER ITEMS							
VALUABLE ARTICLES - OTHER ITEMS							
•							
VALUABLE ARTICLES - OTHER ITEMS							
VALUABLE ARTICLES - OTHER ITEMS List and Describe:							
VALUABLE ARTICLES - OTHER ITEMS List and Describe: UMBRELLA	imit:	Excess Da	&O:	EPLI:			
VALUABLE ARTICLES - OTHER ITEMS List and Describe: UMBRELLA Excess Limit: UM/UIM L	imit:	Excess Da	&O:	EPLI:			
VALUABLE ARTICLES - OTHER ITEMS List and Describe: UMBRELLA Excess Limit: UM/UIM L	imit: icles/Watercraft/Ai	Excess Darcraft/Etc. Expe	&O: osures):	EPLI:			
VALUABLE ARTICLES - OTHER ITEMS List and Describe: UMBRELLA Excess Limit: UM/UIM L Miscellaneous (List any Recreational Veh	imit: icles/Watercraft/Ai	Excess Darcraft/Etc. Expe	&O: osures):	EPLI:			

Other Documents to Include with Submission: Collections Schedule, Flood Dec, Elevation Certificate, Wind MIT Form

Wind/EQ/XFId Decs

SUBMIT