

HIGH VALUE HOME QUESTIONNAIRE

Date: _____

Agency Name: _____

Agency Code: _____

Person Handling Account _____

Named Insured: _____

Effective Date of Coverage: _____

Location of Risk: _____

How was coverage A determined? _____

If HVH Inspection what was the date? _____

Coverage A required: _____

Will there be scheduled items? _____

If yes, value of each class: _____

Is it in a Brush area? _____

What is the Protection Class of risk? _____

What security does the risk have? _____

What is the year built? _____

Is the dwelling under construction? _____

If over 20 years, any updates? _____

What type of roof does the risk have? _____

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Is there a swimming pool? _____

Is the pool fenced & locked? _____

Is there a trampoline? _____

What is the insured's score? _____

Does the insured have any previous losses? _____

Does the risk have any previous losses? _____

Does the insured own any pets? _____

If yes, breed? _____

Is there a bite history? _____

Are there any live-in domestic employees? _____

If yes, who writes the workers comp policy? _____

What is the insured's occupation? _____

Is there any business exposures? _____

If a new purchase, what was the value of the home? _____

If not, what is the current coverage amount? _____

Who was it previously insured with? _____

Was it previously cancelled or non-renewed by the previous carrier? _____

Why are you moving the account? _____

Will we be writing the Auto or PLUS? If no, is the applicant _____

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eligible for the coverage?

Is the applicant new to the agency?

Any additional information to add?
