

AIP – Affluent Insurance Program - Personal Insurance QUESTIONNAIRE

Agent Name _____

Date quote needed _____

Insured Name (s) including spouse (If Trust/LLC, please see form) _____

Occupation(s) and/or prior to retirement _____

Please provide current declaration pages. If declaration pages do not include identification numbers and values for the information below, please attach information.

Please describe the current Program

Insurers for all policies _____

Estimated annual personal lines premium (prior year) \$ _____

Homeowners -Please describe current home & complete for each location

Location Address _____

Property type: ___ house ___ brownstone/greystone ___ condo ___ co-op

Occupancy: ___ primary ___ secondary ___ tenant ___ vacant ___ under construction

Mortgage Information and # of _____

Dwelling Insured Value (Please describe how you arrived at this value?) _____

Year Built _____

Renovation Year, if any, and please describe work completed _____

Construction Type: ___ brick ___ frame ___ masonry ___ reinforced masonry ___ fire resistive

Square Footage _____

Number of Stories _____

Protection Class: ___ PC ___ w/in 1000' fire hydrant ___ w/in 5 fire department

Basement: ___ none ___ finished ___ unfinished

Roof Type: ___ shingles ___ clay tile ___ metal ___ wood/shake ___ other

Back-up Generator: ___ yes ___ no ___ if yes, type ___ if yes, size

Protection: ___ local fire ___ local burglar ___ centrally monitored fire ___ perimeter gate

___ centrally monitored burglar ___ closed circuit TV ___ 24 hour doorman ___ sprinkler system

___ lightning protection ___ gated community ___ full-time/part-time caretaker

Domestic Employees: ___ # of full time ___ # of part time ___ # of live in ___ # of live out

please describe responsibilities _____

Personal Property/Contents Insured Value (how did you arrive at this value?) _____

Other Structures and Insured Value (i.e. please describe Pool, Detached Garage, Pool Cabana,

Fencing, Walls) _____

Insurance claim information (please describe claim amount, year, description for past five years) _____

Coastal Property - Please provide in addition to information requested above

Hurricane Protection: ___ impact glass ___ storm shutters

Roof Shape: ___ hip ___ gable ___ flat

*Please send a Florida Uniform Wind Mitigation Form if applicable

*Flood, wind, earthquake - Please provide a copy of the flood declaration page & elevation certificate.

AIP – Personal Insurance QUESTIONNAIRE (*continued*)

Auto

Name, Date of Birth, Driver's License Number , State, etc for all Drivers

Autos (Year, Make, Model, Vehicle Identification Number, Registration State)

Moving Violation & Insurance Claim Information (please describe claim, paid amount, year, description for past five years)

Valuable Articles –Fine Art, Jewelry, Wine and/or Other Collections**

Scheduled Limit & Number of Items (please describe how you arrived at values) _____

Highest Valued Item Limit _____

Blanket Limit & Per Item Limit _____

Jewelry Worn Daily (which pieces?) _____

Location and/or Storage of items (please describe where kept – i.e. home, home safe, bank vault) _____

**Please provide a complete Valuable Article Schedule for all Collections.

Liability / Umbrella

Limit Requested (please describe how you arrived at this value) _____

UM/UIM Limit Requested _____

EPLI Limit Requested _____

Directors & Officers Exposure

Charitable Boards that either spouse sit on _____

Current limit of insurance the Organization provides to the Directors and Officers and how many officers are on the board? _____

Miscellaneous - please describe any of the following

Collector Vehicles _____

Recreational Vehicles (type and # of) _____

Watercraft (year, make, model, length, # engines, horsepower, max speed) _____

Aircraft _____

Needs assessment: To best serve you, please explain why you are interested in receiving a quotation (i.e., Concerns for gaps in coverage, new exposures, Value-Assessment, carrier, etc)

Signature _____ Date _____