



## High Value Quick Quote Form

### Client Profile:

Name	SS #	DOB	Employment

- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Current Carrier: \_\_\_\_\_

### Home:

Dwelling Value	Other Structures	Personal Property

Deductibles	Liability Limit	Medical

- Address: \_\_\_\_\_
- Occupancy: \_\_\_\_\_
- Year Built: \_\_\_\_\_
- Square Footage: \_\_\_\_\_
- Construction Type \_\_\_\_\_
- Number of Stories \_\_\_\_\_
- Roof Type: \_\_\_\_\_
- Distance to Fire Station: \_\_\_\_\_
- Distance to Fire Hydrant: \_\_\_\_\_
- Year of updates: \_\_\_\_\_
- Number of Mortgagees: \_\_\_\_\_

### Discounts (check the boxes below on applicable discounts):

Centrally Monitored Burglar Alarm  
 Centrally Monitored Fire Alarm  
 Gated Home  
 Gated Community  
 UL Compliant Roof Credit

Lightning Protection  
 Water shut-off device  
 Residential Sprinklers  
 Backup Generator  
 Signal Continuity



**Collections:**

	Jewelry	Fine Arts	Fur	Silver
Itemized:				
Blanket:				
	Wine	Guns	Collections	Other
Itemized:				
Blanket:				

**Auto:**

Drivers:

Name	DOB	DL #	State	Veh Usage	Assigned to

Vehicles:

Year	Make	Model	VIN	Annual Mileage

Limits:

Liability BI	Liability PD	PIP	Comp	Coll



**Umbrella:**

Excess Limit	Excess UM/UIM Limit	EPLI	D&O

**# of Exposures:**

Homes	Autos	Drivers	Youthful	Watercraft	Pools

**Miscellaneous:** Please provide any additional information regarding prior losses, Trust/LLC, additional discounts or any other special requests: