



Updates	Year Updated	Fully Completed	Partially Completed
Wiring		[ ]	[ ]
Roof		[ ]	[ ]
Heat		[ ]	[ ]
Plumbing		[ ]	[ ]

Plumbing Galvanized?  Yes  No

Occupancy:  Owner  Tenant  Primary  Secondary  Vacant

Wiring:  Aluminum  C. Breakers  Copper  Fuses  Other

Roof Type:

- Architectural Shingles       Composition                       Slate  
 Asbestos                               Metal                                       Terracotta  
 Asphalt

Protective Devices:  Central Station Alarm  Sprinkler  Gated Community

Credits Available (Check all that apply):

- Roof replaced in the last (10) ten years  
 Insured homeowners for over (3) three years  
 Any losses with (3) three years  
 Gutted to studs

Wind Mitigation:  Hip Roof  Impact Resist Glass  Roof w/Hurricane Straps  Hurricane Shutters

**Vacant Renovations**

Vacant Renovations?  Yes  No

If yes, please answer the following questions.

License general contractor?  Yes  No

Theft of building materials?  Yes  No

Theft coverage?  Yes  No

Existing Value of Building: \_\_\_\_\_

Amount of Renovations: \_\_\_\_\_

Brief Description of Renovation:

**Prior Coverage**

Prior Carrier: \_\_\_\_\_

Any Lapse in Coverage: \_\_\_\_\_

If so, what was the reason for the lapse? \_\_\_\_\_

When did the lapse occur? \_\_\_\_\_

**Loss History**

Were there any losses within the last (3) three years?  Yes  No

If yes, please describe in the table below.

Date	Type	Brief Description	Amount

**Additional Information**

Dogs?  Yes  No

If yes, what is the breed and bite history? \_\_\_\_\_

Pool?  Yes  No

If yes, is the pool fenced and/or locked? \_\_\_\_\_

Are any the following additional coverages desired?

Yes/No	Coverage Type	Details
<input type="checkbox"/>	Water Back Up	
<input type="checkbox"/>	Personal Injury	
<input type="checkbox"/>	Identity Fraud	
<input type="checkbox"/>	Extended Liability to Rental Property	
<input type="checkbox"/>	Schedule Items Women's	
<input type="checkbox"/>	Schedule Items Men's	
<input type="checkbox"/>	Fine Arts	
<input type="checkbox"/>	Furs	
<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Largest Item	
<input type="checkbox"/>	Breakage	

Expiring Premium or Most Competitive Premium and Company: \_\_\_\_\_

Additional Notes: