



High Value Homeowners Quick Quote Sheet (Fillable Format)

Email: plquotebind@arlingtonroe.com

This is an **indication** only. Please call 800-878-9891 for pre-qualification.

Agency Information

Agency Name: _____ Code: _____ Phone: _____

Agency Contact Name: _____ Email: _____

Applicant Information

Name: _____

Date of Birth: _____

Social Security #: _____

Occupation: _____

Location address: (include city, state and zip and county)

Notes: _____

Proposed Effective Date: _____

Prior Carrier: _____

Expiration/Cancel Date: _____

Reason for Lapse/Cancellation: _____

Mailing Address: (include city, state and zip and county)

Property Section: Target Premium

Dwelling Amount:		Liability:		
Other Structures:		Med Pay:		
Contents:		Deductible:		
Protection Class:		Year	Full	Partial
Year Built:	Year Purchased:	Wiring Update:	<input type="checkbox"/>	<input type="checkbox"/>
Square Footage:	Any Mortgagee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing Update:	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Material:	Number of Stories:	Heating Update:	<input type="checkbox"/>	<input type="checkbox"/>
Roof Material:	Roof Shape:	Roof Update:	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Plumbing: <input type="checkbox"/> Yes <input type="checkbox"/> No		100% Circuit Breakers: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No		Inside City Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicable Credits: <input type="checkbox"/> Gated <input type="checkbox"/> Sprinklers <input type="checkbox"/> Central Fire <input type="checkbox"/> Central Burglar <input type="checkbox"/> Temperature Monitoring				
Other :				

Equipment Breakdown: <input type="checkbox"/>	Earthquake: <input type="checkbox"/> Ded: _____	ID Fraud Limit: <input type="checkbox"/>	Cyber Protection: <input type="checkbox"/>
ID Fraud Limit: <input type="checkbox"/>	Personal Injury: <input type="checkbox"/>	125% ERC <input type="checkbox"/>	Water Backup Limit: <input type="checkbox"/>

Optional Endorsements (Check box for "Yes")

Other Underwriting Info - Property

Any of the following?	Yes	No	Any of the following?	Yes	No
Bankruptcy in last 7 years	<input type="checkbox"/>	<input type="checkbox"/>	Convicted of a Felony or Insurance Fraud?	<input type="checkbox"/>	<input type="checkbox"/>
Any Business or Commercial operations at this location?	<input type="checkbox"/>	<input type="checkbox"/>	Is the property vacant?	<input type="checkbox"/>	<input type="checkbox"/>
Any Farming at this location?	<input type="checkbox"/>	<input type="checkbox"/>	Is the property for sale?	<input type="checkbox"/>	<input type="checkbox"/>
Unfenced Swimming Pool?	<input type="checkbox"/>	<input type="checkbox"/>	More than 5 acres of land?	<input type="checkbox"/>	<input type="checkbox"/>
Slide or Diving Board?	<input type="checkbox"/>	<input type="checkbox"/>	If over 5 acres, # of Acres: _____		
Any Dog at this location?	<input type="checkbox"/>	<input type="checkbox"/>	On the Historical Registry?	<input type="checkbox"/>	<input type="checkbox"/>
Any animals with a bite history?	<input type="checkbox"/>	<input type="checkbox"/>	Currently under renovation:	<input type="checkbox"/>	<input type="checkbox"/>

Loss History – prior 5 years, at this location or any location the client owns. **If no losses in the last 5 years, check here:** ☐

Date of Loss	Cause of Loss	Description of Loss	Amount Paid	Open or Closed	Repairs Made
					Yes: <input type="checkbox"/> No: <input type="checkbox"/>
					Yes: <input type="checkbox"/> No: <input type="checkbox"/>
					Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Auto Section: Target Premium

Liability Limit:	Collision Deductible:
Med Pay (If applicable):	Comprehensive Deductible:
PIP (If applicable):	Loss Settlement: <input type="checkbox"/> Agreed Value <input type="checkbox"/> Actual Cash Value

Any drivers with less than 3 years driving experience? ☐ Yes ☐ No

If yes, are these drivers living with parents/spouse? ☐ Yes ☐ No

Is the previous carrier non-standard? ☐ Yes ☐ No

Does the Insured have proof of continuous coverage with no lapse for at least 12 months? ☐ Yes ☐ No

Drivers

Name	Date of Birth	Gender	Marital Status	Relation to Insured	Occupation	License # & State

Vehicles

VIN #	Year	Make	Model	Liability Only?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Clue & MVR Details: (list activity within the last 5 years) Include dates, amount paid, and a description of the loss.

Valuables Section: Target Premium

Jewelry Limit (Scheduled):	Jewelry Limit (Blanket):
Fine Arts Limit (Scheduled):	Fine Arts Limit: (Blanket):
Furs Limit (Scheduled):	Furs Limit (Blanket):
Other Limit Scheduled:	Other Limit (Blanket):
Are the valuables stored in a vault when not worn/used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the valuables stored at the primary home when not worn/used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Collection items loaned to or displayed at shows, conventions, or galleries? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(If you have a schedule from the prior carrier, please include it)

Umbrella Section: Target Premium

Umbrella Limit:
Excess UM/UIM Limit (if requested):
Any vehicles, including classic or antique, recreational vehicles, watercraft or properties, owned, hired, leased or regularly used insured elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list below.
Home (List Addresses & Occupancy): Vehicles (year, make & model): Watercraft (year, make, model, max speed, HP, length): Other:
Underlying policy limit and carrier for each listed above: Home: Vehicles: Watercraft: Other:

Disclaimer

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Signature

National Producer Number (Required in Florida)

Producer's Signature

Applicant's Signature

Producer's Name (*please print*)

Date

State Producer License Number