

Broker ID: _____ Advisor/Service: _____
Proposed Effective Date: _____ Advisor/Service Phone No.: _____



Homeowners Quote Questionnaire

If this quote is for a current PURE or Pure Programs policyholder please provide their account ID: _____

1st Named Insured: _____ DOB: _____

Occupation/Company: _____

2nd Named Insured: _____ DOB: _____

Address of insured location: _____

Primary or Secondary: _____ Year Built: _____

Square ft. (under air): _____ Construction type: _____

Number of floors: _____ if condo, # floors in building/floor risk is located _____ / _____

Roof shape: _____ Roof material: _____ Year roof replaced _____

Current carrier: _____ Premium: \$ _____

Reason this home is coming to market? _____

Billing address (if different than address of insured location): _____

Coverage Limits:

Dwelling: \$ _____ Other Structures: \$ _____

Contents: \$ _____ Loss of Use: \$ _____

Personal Liability: \$ _____ Additional location(s) where liability coverage will apply to:

Deductibles:

All Other Peril: \$ _____ Named Storm: \$ _____

Hail: \$ _____

General Underwriting Questions:

Yes No Is the residence rented to others at any time?

If yes, how many weeks a year is the residence rented? less than 10 weeks 11-51 weeks or 52 weeks

What is the minimum night stay? 1 night 2 nights 3 nights 4 nights or 5 or more nights

Homeowners Credits:

- Central station fire alarm
- Central station burglar alarm
- Permanent generator
- Gas leak detector
- 24 Hour signal continuity
- Sprinkler system with waterflow
- Guard gated community
- Residential sprinkler system
- Water leak detection
- Lightning protection
- Perimeter gate
- Full time live-in caretaker
- Closed circuit TV

Condo/Tenant credits:

- Central station fire alarm
- Central station burglar alarm
- 24 Hour door man
- Guard gated community
- Full time live-in caretaker

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Is a management company used to administer rentals? Yes or No

- Yes No
- Is the home unoccupied for 2 or more consecutive months?
- Is the home currently for sale or vacant?
- Is the insured doing any construction or renovations, or do they plan to do so in the next 12 months?

If yes: please attach the Renovation or Construction Questionnaire.

- Do you have a wind mitigation form? If yes, please attach.
- Does this location have a PURE NFIP Flood policy with maximum limits?
- Do you wish to include Excess Flood coverage? (Not available in LA)

If yes, what Excess Flood coverage limits do you want to provide? Dwelling: _____ Contents: _____

- Any losses at this location in the last 5 years? If yes, please provide details.
- Is the insured or is a member of the household a professional athlete, professional entertainer, media personality or political figure?
- Does the insured/applicant keep one or more dangerous dogs?
- Does or will the policyholder insure the balance of their account with PURE?

Additional interests (name and address): _____

Loan number: _____ Escrow? Yes No

Optional Coverage (may not apply in all States):

- Yes No
- Earthquake Extension
- Earthquake Loss Assessment (if yes, what limit?): _____
- Increase Landscaping (if yes, limit per tree/shrub?): _____ Aggregate limit: _____ %
- Ensuing Fungi Increase

If yes, what limit? \$25,000 or \$50,000

- Loss Assessment Increase (\$50K included in base policy. An additional \$50k is available for purchase.)
- Rebuilding to code increase (25% included in base policy, can be increased to 50%)

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Valuable Articles Coverage:
Available by endorsement in AL, CA, FL, GA, LA, MS, and TX

Jewelry Coverage:

Scheduled total limit: \$ _____ Highest valued Item: \$ _____
Blanket total limit: \$ _____ Highest valued Item: \$ _____
Bank vaulted jewelry: \$ _____

Fine Arts:

Scheduled total limit: \$ _____ Highest valued Item: \$ _____
Blanket total limit: \$ _____ Highest valued Item: \$ _____

Collectibles:

Scheduled total limit: \$ _____ Highest valued Item: \$ _____
Blanket total limit: \$ _____ Highest valued Item: \$ _____

Coins/Silver/Stamps/Furs/Musical Instruments:

Scheduled total limit: \$ _____ Highest valued Item: \$ _____
Blanket total limit: \$ _____ Highest valued Item: \$ _____

Wine:

Scheduled total limit: \$ _____ Highest valued Item: \$ _____
Blanket total limit: \$ _____ Highest valued Item: \$ _____

Other/Miscellaneous coverage total scheduled limit: \$ _____

Valuables Articles Named Storm Deductible : 2% 3% 5% 10% 15% 20% 25% of the total value of the **valuable articles** insured, excluding Jewelry and Bank Vaulted Jewelry.

Any prior valuable articles/collections/personal inland marine losses? If yes, please describe:

At binding, please submit an appraisal dated within the last 3 years for any single item over \$50,000 in value.

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Notes:
Please use this space to add additional comments, if necessary.
