

High Value Risk Questionnaire

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| Insured Name |  |
| Risk Location Address |  |
| Market Value |  |
| Replacement Value |  |
| Year Built |  |
| Year of Update for: | Roof: | Plumbing: | Electrical:  | Heating: |
| Primary: | Secondary:  | Living Square Area Footage:  |
| Protection Class |  |
| Roof Shape | Gable:  | Hip: | Flat:  |
| Garage | Attached:  | Detached: | None: | Distance to Water |  |
| New Purchase? |  | If not a new purchase, please answer below: |
| Any prior losses |  |
| If yes | Date: | Type of loss:  | Amount Paid: |
| Expiring carrier and limits |  |
| Expiring Premium |  |
| Is prior policy being non-renewed? |  |
| If yes, why? |  |
| If no, reason for shopping |  |
| Limits Quoted | Dwelling: | TIV: |
| Deductibles Quoted |  |
| System Generated Quote |  |
| Adjusted Quote |  |