

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 | | | | | | | | | |  | | | | | | | | | | | | | | | |